Florida Agency for Health Care Administration

SFY 2012–2013 Annual Technical Report of External Quality Review Results

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Overview and Scope of the External Quality Review

The state fiscal year (SFY) 2012–2013 Annual Technical Report of External Quality Review Results, prepared for the Florida Agency for Health Care Administration (AHCA), is presented to comply with the Code of Federal Regulations (CFR) at 42 CFR 438.364. Health Services Advisory Group, Inc. (HSAG), is the external quality review organization (EQRO) for AHCA, the State agency responsible for the overall administration of Florida's Medicaid managed care program.

The Balanced Budget Act of 1997 (BBA) states that "each contract with a Medicaid managed care organization must provide for an annual external independent review conducted by a qualified independent entity of the quality outcomes and timeliness of, and access to, the items and services for which the organization is responsible."[1-1]

This report describes how data from activities conducted in accordance with 42 CFR 438.352 and other quality activities were aggregated and analyzed and how conclusions were drawn as to the quality and timeliness of, and access to, care furnished to Medicaid enrollees by the Florida managed care organizations (MCOs).

This is the seventh year HSAG has produced the external quality review (EQR) report of results for the State of Florida. Report information does not disclose the identity of any individual, in accordance with 42 CFR 438.364(c).

HSAG's external quality review of the MCOs included directly performing two of the three federally mandated activities as set forth in 42 CFR 438.358—validation of performance measures and validation of performance improvement projects (PIPs). The third mandatory activity—evaluation of compliance with federal managed care standards—must be conducted once in a three-year period. AHCA completed the third year of a three-year review cycle in SFY 2011–2012 and chose not to perform compliance reviews in SFY 2012–2013. Other compliance review activities were conducted, however, and are described in Section 3 of this report.

In addition, the results of optional EQR and other quality activities performed during the year are included in this report, as follows:

- An overview of the Encounter Data Validation Study currently in process—performed by HSAG
- Child Health Check-Up participation rates—data obtained from AHCA
- Functional Assessment Rating Scale/Children's Functional Assessment Rating Scale (FARS/CFARS) results—data obtained from AHCA
- MCO accreditation outcomes—data obtained from AHCA

[1-1] Department of Health and Human Services Centers for Medicare & Medicaid Services. *Legislative Summary: Balanced Budget Act of 1997 Medicare and Medicaid Provisions.*

Please note that during the time period of the EQR review, the State was in the process of transitioning to a Statewide Medicaid Managed Care (SMMC) program. Due to this transition, which is discussed in more detail in Section 2 of the report, not all plans were reviewed for all EQR activities.

This report includes the following for each EQR activity conducted:

- Objectives
- Technical methods of data collection and analysis
- A description of data obtained
- Conclusions drawn from the data

In addition, an assessment of the strengths and weaknesses of each MCO will be illustrated via individual MCO validation results and the MCO comparative information presented in this report. Where applicable, the report includes the status of improvement activities implemented by the MCOs and recommendations for improving the quality and timeliness of, and access to, health care services they provide.

The Centers for Medicare & Medicaid Services (CMS) has chosen the domains of quality, access, and timeliness as keys to evaluating the performance of MCOs. HSAG used the following definitions to evaluate and draw conclusions about the performance of the MCOs in each of these domains:

Quality

CMS defines quality in the EQR protocols, Version 2.0, September 2012, [1-2] as follows:

> Quality means the degree to which the managed care organization increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through provision of health services that are consistent with current professional knowledge in at least one of the six domains of quality as specified by the Institute of Medicine (IOM)—efficiency, effectiveness, equity, patient-centeredness, patient safety, and timeliness.

Timeliness

The National Committee for Quality Assurance (NCQA) defines timeliness relative to utilization decisions as follows: "The organization makes utilization decisions in a timely manner to accommodate the clinical urgency of a situation."[1-3] NCQA further discusses the intent of this standard to minimize any disruption in the provision of health care. HSAG extends this definition of timeliness to include other managed care provisions that impact services to enrollees and that

[1-2] Department of Health and Human Services Centers for Medicare & Medicaid Services. *EQR Protocols Introduction,* September 2012.
[1-3] National Committee for Quality Assurance. 2013 Standards and Guidelines for the Accreditation of Health Plans.

require timely response by the MCO or prepaid inpatient health plan (PIHP)—e.g., processing expedited appeals and providing timely follow-up care.

Access

In the preamble to the BBA Rules and Regulations[1-4] CMS discusses access to and the availability of services to Medicaid enrollees as the degree to which MCOs and PIHPs implement the standards set forth by the state to ensure that all covered services are available to enrollees. Access includes the availability of an adequate and qualified provider network that reflects the needs and characteristics of the enrollees served by the MCO or PIHP.

Organizations Included in External Quality Review

During SFY 2012–2013, AHCA included its various MCO and PIHP model types within the scope of the EQR, as listed in Table 1-1.

AHCA is responsible for the administration of the Medicaid managed care program in Florida. The Florida legislature delegated operational responsibility for Florida's nursing home diversion program health plans (NHDP health plans) to the Department of Elder Affairs (DOEA).

As noted in the table and as indicated throughout this report, health maintenance organizations (HMOs) and provider service networks (PSNs) are identified as Reform and Non-Reform. Reform refers to the Medicaid Reform Pilot Program which AHCA implemented in July 2006, operating under an 1115 Research and Demonstration Waiver. Reform plans in the pilot program began providing services to Medicaid enrollees in two counties in September 2006, with expansion to three additional counties in September 2007. Reform plans operate as either HMOs or PSNs, but with some differences in benefits and requirements compared to HMOs and PSNs in Non-Reform counties. In December 2011, CMS approved extending the demonstration waiver through June 30, 2014.

Table 1-1—MCO, PIHP, and PAHP Model Types Under External Quality Review

Model Type	MCO/PIHP /PAHP	Description of Services
Health maintenance organizations (HMOs)—Reform and Non-Reform	MCO	Prepaid, comprehensive physical and mental health services provided to enrollees
Provider service networks (PSNs)—Reform and Non-Reform	PIHP or MCO	Prepaid or fee-for-service, comprehensive physical and mental health services provided to enrollees
Prepaid mental health plans (PMHPs)	PIHP	Mental health services provided to Medicaid enrollees who are not enrolled in an HMO or PSN
Child welfare prepaid mental health plan (CWPMHP)	PIHP	Prepaid mental health services provided to children and adolescents with open cases in Florida's Safe Families Network

[1-4] Department of Health and Human Services Centers for Medicare & Medicaid Services. *Federal Register*, Vol. 67, No. 115, June 14, 2002.

Table 1-1—MCO, PIHP, and PAHP Model Types Under External Quality Review		
Model Type	**MCO/PIHP /PAHP**	**Description of Services**
Nursing home diversion program health plans (NHDP health plans)	PIHP	Prepaid home and community-based services for Medicaid enrollees who qualify for nursing home placement
Statewide inpatient psychiatric program health plans (SIPPs)	PIHP	Medicaid enrollees under the age of 18 years receiving mental health services in an intensive residential setting
Prepaid Dental Health Plans (PDHPs)	PAHP	Prepaid dental services for eligible children under the age of 21

For ease of reference, this report refers to the HMOs, PSNs, PMHPs, CWPMHP, NHDP health plans, SIPPs, and PDHPs as MCOs. For circumstances in which the activities or findings apply to one or more model types, but not to all, the report identifies the individual model types.

A comprehensive list of MCO names, by MCO type, is included in Appendix D.

Summary of Findings, Conclusions, and Recommendations

Review of Compliance With Access, Structure, and Operations Standards

As stated previously, AHCA completed the third year of a three-year compliance review cycle in SFY 2011–2012 and chose not to perform compliance reviews in SFY 2012–2013. Efforts to improve the compliance process continued from last year, as HSAG was contracted with AHCA to develop a Web-based Managed Care Survey Tool (MCST) for the State to use for upcoming compliance reviews.

Validation of Performance Improvement Projects and Performance Measures

HMOs and PSNs

Performance Measures

Based on the SFY 2013–2014 performance measure validation (PMV) activities conducted by HSAG all HMOs/PSNs were fully compliant with the seven HEDIS®[1-5] Information System Standards for Medicaid performance measure reporting. HMOs/PSNs were required to report 33 measures, grouped into six groups (i.e., Pediatric Care, Women's Care, Living With Illness, Access to Care, Use of Services, and Mental Health).

[1-5] HEDIS® refers to the Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA).

Measures under the **quality** domain included all Pediatric Care and Living With Illness measures, all Women's Care measures except two under *Prenatal and Postpartum Care*, and two Mental Health measures (*Antidepressant Medication Management* and *Mental Health Readmission Rate*).

- For the measures that contain AHCA performance targets, four measures (*Immunizations for Adolescents—Combination 1, Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase, Adult BMI Assessment,* and *Comprehensive Diabetes Care—LDL-C Screening*), and two indicators under *Antidepressant Medication Management*, exceeded the performance targets for both Non-Reform and Reform plans.
- Statewide performance by Non-Reform and Reform plans was comparable for the *Childhood Immunization Status* measures, as well as for the *Well-Child Visits in the First 15 Months of Life, Comprehensive Diabetes Care,* and *HIV-Related Medical Visits* measure indicators. Reform plans performed better than the Non-Reform plans in five Pediatric Care measures; all quality measures under Women's Care except pregnancy-related measures; and several Living With Illness measures, including the following agency-defined measures: *Highly Active Anti-Retroviral Treatment* and *Use of Angiotensin-Converting Enzyme Inhibitors/Angiotensin Receptor Blockers Therapy*.
- Many of the quality measures experienced statistically significant changes from the previous year. Both Reform and Non-Reform weighted averages for the *Annual Dental Visit, Appropriate Testing for Children With Pharyngitis, Immunizations for Adolescents—Meningococcal,* and *Adult BMI Assessment* measures reported a statistically significant improvement from the previous year. Non-Reform plans also reported statistically significant improvement in *Breast Cancer Screening, Antidepressant Medication Management—Effective Continuation Phase Treatment, Lipid Profile Annually,* and two HIV-related measures. Statistically significant decline was observed in the *Mental Health Readmission Rate* for both Reform and Non-Reform plans. Overall, Reform plans reported a significant decline in performance for more quality measures than Non-Reform plans.

Measures under the **timeliness** domain included four Pediatric Care measures (*Lead Screening in Children, Childhood Immunization Status, Immunizations for Adolescents*, and *Follow-Up Care for Children Prescribed ADHD Medication*), one Women's Care measure (Timeliness of *Prenatal Care*), and two Mental Health measures (*Follow-Up After Hospitalization for Mental Illness* and *Antidepressant Medication Management*).

- For the measures that have AHCA performance targets, three (*Immunizations for Adolescents—Combination 1, Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase,* and *Antidepressant Medication Management*) either met or were close to reaching the performance targets for both Non-Reform and Reform plans.
- Statewide performance by Non-Reform and Reform plans was comparable on the *Childhood Immunization Status* measures. Reform plans performed better than the Non-Reform plans on *Lead Screening in Children, Follow-Up Care for Children Prescribed ADHD Medication,* and *Antidepressant Medication Management*.
- With the exception of three measures, most of the timeliness measures showed little change from the previous year. Statistically significant improvement from last year was noted on the *Immunizations for Adolescents—Combination 1* measure for Reform plans and *Antidepressant*

Medication Management—Effective Continuation Phase measure for the Non-Reform plans. Statistically significant decline was observed in *Timeliness of Prenatal Care* for Reform plans and in the *Follow-Up After Hospitalization for Mental Illness—30 Days* for Non-Reform plans.

Measures under the **access** domain included two Pediatric Care measures (*Annual Dental Visit* and *Follow-Up Care for Children Prescribed ADHD Medication),* two Women's Care measures (including two indicators under *Prenatal and Postpartum Care* and *Prenatal Care Frequency*), the *Ambulatory Care* Use of Services measure, and all of the measures in the Access to Care group.

- For the measures that contain AHCA performance targets, one measure (*Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase)* exceeded the performance targets for both Non-Reform and Reform plans.
- Statewide performance for Non-Reform and Reform plans was very similar on all measures in the Access to Care group, with the Reform plans performing slightly better on seven of the 12 measures in this domain. Reform plans also performed better than the Non-Reform plans on *Annual Dental Visit* and *Follow-Up Care for Children Prescribed ADHD Medication*. Non-Reform plans performed better on the pregnancy-related measures.
- Most of the access measures experienced statistically significant changes from the previous year. Both Reform and Non-Reform weighted averages for *Annual Dental Visit, Call Answer Timeliness,* and selected age groups for the *Children and Adolescents' Access to Primary Care Practitioners* measure reported a statistically significant improvement from the previous year. Non-Reform plans also reported statistically significant improvement in *Call Abandonment* and *Transportation Timeliness,* where Reform plans reported statistically significant decline in these measures, as well as in the *Timeliness of Prenatal Care* measure.

Based on the SFY 2013–2014 PMV activities, HSAG provided several recommendations to improve how the plans' audits could be performed more effectively and efficiently, including making adequate resources available for the next HEDIS reporting season, ensuring that required supporting documentation for supplemental data meets NCQA's new guidelines, targeting measures whose rates were at least 10 percentage points below the AHCA performance target, and ensuring the MCOs' auditors are aware of AHCA's specific reporting requirements.

Performance Improvement Projects

For SFY 2012–2013, the HMOs demonstrated improvement in the number of PIPs receiving an overall *Met* validation status. A *Met* validation status indicates that the reported results were valid and reliable. Of the 54 PIPs validated, 39 (or 72 percent) received a *Met* validation status. This is an increase from SFY 2011–2012, where 58 percent of PIPs validated received an overall *Met* validation status. The PSNs were able to improve the percentage of PIPs receiving an overall *Met* validation status to 91 percent from 69 percent in SFY 2011–2012.

For the collaborative PIP, *Well-Child Visits in the First 15 Months of Life—Six or More Visits,* which addressed aspects of quality, timeliness, and access to care, the Non-Reform plans performed better than the Reform plans with achieving statistically significant improvement. Seventy-seven percent (10 of 13) of the Non-Reform HMOs with a remeasurement rate achieved statistically significant improvement over the baseline rate, while only 60 percent of the Reform plans

accomplished the same. Seven PSNs progressed to the point of assessing for statistically significant improvement, with only two (29 percent) demonstrating real change in study indicator outcomes.

For the non-collaborative PIPs, which addressed various topics on quality, access, and timeliness of care, 10 out of 16 Non-Reform HMOs (63 percent) achieved statistically significant improvement over the baseline rate. Only two Reform HMOs, Molina Healthcare of Florida and UnitedHealthcare Community Plan, demonstrated statistically significant improvement over the baseline rate. Four PSNs progressed to the point of assessing for real improvement, with two (50 percent) achieving statistically significant change over baseline.

The HMOs/PSNs biggest challenge was developing and implementing interventions that resulted in real change and improved outcomes.

PMHPs/CWPMHP

Performance Measures

Based on SFY 2012–2013 PMV activities, HSAG found that the PMHPs and the CWPMHP continued to maintain their automated processes without significant changes in reporting performance measure rates. While issues were noted surrounding the rate calculation during the PMV, these issues were corrected, and the rates were revised and resubmitted before the end of the validation period, thereby rendering them reportable.

The PMHPs and the CWPMHP were required to report three measures, with *Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis—Mental Health Practitioner* and *Follow-up Within 30 Days of an Acute Care Discharge for a Mental Health Diagnosis—Mental Health Practitioner* measures belonging to the **timeliness** domain and the *Thirty-day Readmission Rate* measure belonging to the **quality** domain. In calendar year (CY) 2012, in general at the statewide level, four and six out of 10 acute discharges had a follow-up visit within seven days and 30 days, respectively. Approximately 20 percent of enrollees discharged from a hospital with a mental health diagnosis were readmitted within 30 days after the discharge. Statewide performance was mixed in these measures, with continuous improvement shown in the *Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis* measure and a slight decline in performance for the other two measures.

Performance Improvement Projects

The PMHPs and CWPMHP demonstrated a decline in the percentage of PIPs receiving an overall *Met* validation status in SFY 2012–2013, with 88 percent of the 24 PIPs validated achieving a *Met* status compared to 96 percent in SFY 2011–2012.

For the PMHPs' collaborative PIP, *Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis*, which addressed the domains of quality and timeliness of care, all of the PMHPs progressed to reporting a remeasurement period. Eleven of the 12 PMHPs (92 percent) demonstrated statistically significant improvement over the baseline rate.

For the non-collaborative PIPs, which aimed to improve various aspects related to quality, timeliness, and access to care, all five PMHPs that reported remeasurement results demonstrated statistically significant improvement. Overall, the improvement strategies implemented by the PMHPs have been successful in directly impacting study indicator outcomes and producing improved outcomes in member care and services.

NHDP Health Plans

Performance Measures

Two NHDP health plans merged organizationally in April 2012. Although there were no significant changes in the NHDP health plans' processes, the performance measure rates appeared to be impacted by this merger. Nonetheless, very few issues were identified with the NHDP health plan rate reporting processes.

NHDP health plans were required to calculate and report quarterly and annual rates for four measures, all which belong to the **access** domain. Statewide performance demonstrated a slight improvement on the *Disenrollment Rate* measure. Although there was a decline in the rate for the *Retention Rate* and *Voluntary Disenrollment Rate*, as well as a decrease in the *Average Length of Enrollment Before Voluntary Disenrollment* among enrollees who voluntarily disenrolled from their NHDP health plans, the decline appeared to be associated with one plan that had a merger in April 2012. In general, the trends for these measures have been stable over the past three years. The NHDP health plan model is being replaced with Long-term Care (LTC) plans with the State's transition to the SMMC program. Although LTC plans will be submitting partial CY 2013 results for several Agency-defined measures, HSAG recommends AHCA use CY 2014 as the baseline measurement year for trending LTC plans full-year performance under the SMMC program.

Performance Improvement Projects

The NHDP health plans had relatively the same percentage of PIPs receiving an overall *Met* validation status when compared to SFY 2011–2012. Of the 34 PIPs that were submitted and validated, 56 percent received an overall *Met* validation status in SFY 2012–2013 compared to 57 percent in SFY 2011–2012.

For the collaborative PIP, *Timeliness of Services*, which addressed the domain of timeliness of care, all of the NHDP health plans reported study indicators with remeasurement rates. Nine out of 14 health plans (64 percent) demonstrated statistically significant improvement in the most recent remeasurement rates for Study Indicator 1a (the percentage of eligible NHDP health plan enrollees who received home health services, adult day health, or home delivered meals within 3 calendar days from the effective date of enrollment). Five out of 13 NHDP health plans with a remeasurement (38 percent) demonstrated statistically significant improvement for the most recent remeasurement period for Study Indicator 1b (the percentage of eligible NHDP health plan enrollees who received home health services, adult day health, or home delivered meals within 3 calendar days from the effective date of enrollment *excluding* enrollees referred in the last 5 days of

the month). Brevard Alzheimer's Foundation dba YourCare Brevard, achieved the highest remeasurement rate for this indicator at 95.5 percent.

For the NHDP health plans' non-collaborative PIPs, nine health plans progressed to reporting remeasurement results, and only one, American Eldercare, Inc., achieved statistically significant improvement over the baseline. These PIPs addressed a variety of topics related to quality, timeliness, and access to care.

The NHDP health plans demonstrated strong performance with designing a PIP; however, they continue to struggle with implementing improvement strategies that impact study indicator outcomes in a meaningful way.

SIPPs

Performance Measures

HSAG did not validate performance measures for SIPPs in SFY 2012–2013.

Performance Improvement Projects

The SIPPs continued to demonstrate improvement in the area of PIP validation. Of the 26 PIPs that were submitted and validated, 50 percent received an overall *Met* validation status in SFY 2012–2013 compared to 37 percent in SFY 2011–2012.

For the collaborative PIP, *Seclusion and Restraints*, which addressed the quality of care domain, eight out of 12 SIPPs (67 percent) demonstrated improvement from baseline to the most recent remeasurement period for Study Indicator 1 (the rate of restraints used during the measurement year). Eighty-eight percent of the improvements (seven out of eight SIPPs) were statistically significant. For Study Indicator 2 (the rate of seclusion used during the measurement year), all of the SIPPs reported study indicators with remeasurement rates except for Devereux Orlando (Devereux Orlando does not use seclusion and therefore did not report seclusion rates). Six out of 11 SIPPs (55 percent) demonstrated statistically significant improvement from baseline to the most recent remeasurement period.

For the SIPPs' non-collaborative PIPs, three SIPPs documented remeasurement rates, and two (Devereux Orlando and Jackson Memorial Hospital) demonstrated non-statistically significant improvement. University Behavioral Center was the only SIPP that demonstrated statistically significant improvement for both study indicators. These PIPs addressed a variety of topics related to quality and timeliness of care.

Although the SIPPs improved their ability to receive a *Met* validation status, opportunities for improvement continue to exist to achieve statistically significant study indicator changes and improved enrollee outcomes.

PDHPs

Performance Measures

This was the first year that the PDHPs participated in the audit process. AHCA required the two contracted PDHPs to report four performance measures, one of which was the HEDIS *Annual Dental Visit* measure. Due to an incomplete understanding of AHCA's contract requirement for having a HEDIS compliance audit, one of the PDHPs conducted the audit within a short time frame and could not complete the required documentation for the audit. Reviews of the final audit reports and the supporting documents showed that, in general, PDHPs had adequate processes in place for receiving and processing data from various sources used for calculating and reporting the required performance measures. Although the PDHPs were required to report four performance measures, HSAG was only able to agree with the auditors' findings regarding the audit designation for the *Annual Dental Visit* measure. Based on the information submitted for HSAG's PMV on PDHPs, HSAG found insufficient details in the specifications for the non-HEDIS measures, resulting in each PDHP having its own interpretation of how the measures were to be calculated.

Aggregate plan performance on the *Annual Dental Visit* measure showed that for both the Miami-Dade County region and the statewide region, about four in 10 enrollees (40.02 percent for the Miami-Dade County region and 42.89 percent for the statewide region) received at least one dental visit during CY 2012. The PDHPs' aggregate performance was between the 25th and 50th percentile of the national Medicaid performance. Since the *Annual Dental Visit* measure is both a **quality** and **access** measure, PDHPs have opportunities for improvement. Based on the SFY 2013–2014 PMV activities, HSAG provided several recommendations to improve how the PDHPs' audits could be performed more effectively and efficiently.

Performance Improvement Projects

HSAG did not validate PIPs for the PDHPs in SFY 2012–2013.

Overall Assessment of Progress in Meeting Agency Goals and Priorities

During SFY 2012–2013, AHCA and its contracted MCOs made progress in meeting agency goals and priorities.

The Web-based MCST that HSAG developed will be an integral component in streamlining the compliance review process and thereby assisting AHCA and DOEA to conduct comprehensive and meaningful reviews. Moving forward, HSAG recommends that AHCA complete the development of compliance review policies and procedures to assist in the systematic and consistent assessment of MCOs.

With regard to quality, timeliness, and access, the results of the PIPs and performance measures demonstrated continued improvement from the previous reporting period for several MCOs.

Where there was opportunity for improvement, HSAG recommended strategies to assist the State in monitoring the success of its intervention and oversight of the MCOs.

Background

The BBA, Public Law 105-33, requires that states ensure that a qualified EQRO perform an annual review of each contracted MCO and PIHP, as specified in 42 CFR 438.350. The BBA further specifies that the EQR activities be conducted in a manner consistent with the protocols established under 438.352 by CMS. The BBA identifies the scope of the EQR, including mandatory and optional activities.

History and Current Status of Florida Medicaid Managed Care and Demographics

The Florida Medicaid program was created in 1970. The program has evolved throughout its history and is progressively moving toward managed care throughout the State. Key events in the history of Florida's Medicaid program and the movement toward managed care are listed below.

- In 1984, the Health Care Financing Administration (HCFA) selected Florida as one of five states to receive a grant to implement a demonstration program. Eligible Medicaid recipients were provided with the opportunity to enroll in Medicaid HMOs in some parts of the State.
- In January 1990, HCFA approved the State's original 1915(b) waiver which enabled the State to implement the Medicaid Physician Access System (MediPass), designed as a managed care alternative for Florida Medicaid recipients.
- Over time, the 1915(b) waiver evolved into a variety of managed care plans including MCOs, Primary Care Case Management (PCCM) programs, PIHPs, and Prepaid Ambulatory Health Plans (PAHPs).
- In 2006, an 1115 research and demonstration waiver enabled the State to initiate Medicaid Reform in two geographic areas of the State. In December 2011, CMS approved Florida's three-year waiver extension request, extending the demonstration through June 30, 2014.
- In 2011, the Florida legislature passed legislation to expand managed care in the Florida Medicaid program. This legislation created the Statewide Medicaid Managed Care (SMMC) program with two components: the Managed Medical Assistance (MMA) program and the Long-term Care (LTC) program.
- On June 14, 2013, CMS approved an amendment to the State's 1115(a) demonstration waiver, which included approval of the SMMC program.
- Seven managed care plans were selected to provide services for the LTC program, which consolidates five home and community-based services programs into a single managed LTC and home and community-based services waiver. The LTC program was implemented on a regional basis, with the first regions enrolling on August 1, 2013, and the final regions enrolling on March 1, 2014.
- Fourteen managed care plans and five specialty plans were selected to provide services for the MMA program. Plans will be phased in from May 2014 through August 2014.

The demographics of the Florida Medicaid population (excluding the fee-for-service population) as of January 2014 was as follows:

- Approximately 1.2 million enrolled in the HMOs
- Approximately 313,000 enrolled in the PSN health plans
- Approximately 48,000 enrolled in the LTC program plans

The State's Quality Strategy

In 2005, the Florida legislature authorized the implementation of the CMS-approved 1115 Medicaid Reform Waiver. With this implementation, the State established an internal Quality and Performance Standards (QPS) Team to "review and revise Florida Medicaid's standards, policies, and procedures related to quality in managed care."[2-1] It is AHCA's goal to ensure the State's quality strategy "reflects a deliberate and systematic approach to planning, designing, assessing, measuring, monitoring and continuously improving the quality of the consumer health care delivery system in Florida Medicaid managed care programs."[2-2]

The goals and objectives of Florida's Medicaid managed care programs are:

- To promote quality standards of health care within managed care programs by monitoring internal/external processes for improvement opportunities and to assist the managed care plans with the implementation of strategies for improvement.
- To ensure access to quality health care through contract compliance within all managed care programs in the most cost-effective manner.
- To promote the appropriate utilization of services within acceptable standards of medical practice.
- To coordinate quality management activities within the State as well as with external customers.
- To comply with State and federal regulatory requirements through the development and monitoring of quality improvement policies and procedures.

To meet CMS requirements and State goals, AHCA contracted with HSAG to conduct EQR mandatory and optional activities for SFY 2012–2013. The assessment of these activities and recommendations that follow, as discussed in Section 3 of this report, are an integral component of AHCA's quality strategy. These recommendations are used to continually improve quality of care to Medicaid enrollees in Florida.

One of the major initiatives undertaken by AHCA as part of its quality strategy is the transition to SMMC. The SMMC will bring with it a change in the delivery system structure, as well as an increased emphasis on quality improvement and measurement.

There are two major components to the SMMC program; the LTC program and the MMA program. The LTC program will provide long-term care services, including nursing facility and home and

[2-1] Florida Medicaid Managed Care Quality Assessment and Improvement Strategies 2011/2012 Update. Available at: http://www.fdhc.state.fl.us/Medicaid/quality_mc/previous_qais.shtml. Accessed on: February 7, 2014.
[2-2] Ibid.

community-based services, using a managed care model (with HMOs and PSNs being the two types of health plans). The MMA program will provide primary and acute medical assistance and related services. Services will be provided by HMOs, PSNs, and a limited number of specialty plans. Once both programs are fully implemented, all NHDP health plans, SIPPs, PMHPs, and PDHPs will have been phased out.

The phase-in of the SMMC program began with the LTC component. During SFY 2012–2013, seven managed care plans were selected, through a competitive bid process, to provide comprehensive LTC services to eligible enrollees. The LTC plans are being phased in by region, with the first region becoming active in August 2013 and the last regions becoming active in March 2014.

MMA activity also began in SFY 2012–2013, with the release of the Invitation to Negotiate in December 2012. Selection of health plans, through a competitive bid process, was announced in fall 2013. Fourteen managed care plans and five specialty plans were selected to provide services for the MMA program. Plans will be phased in from May 2014 through August 2014.

Due to the phasing out of specific plan types, HSAG, in conjunction with AHCA, developed a strategy to determine which MCOs would be required to participate in the mandatory EQR activities during the State's transition to SMMC.

AHCA and HSAG reviewed and discussed the existing CMS and contract requirements for EQR activities, as well as benefits and burdens to the MCOs and the State, and developed guiding principles for use in making these determinations (the decision methodology can be found in Appendix E). Based on this assessment, not all plans were reviewed for each EQR activity during SFY 2012–2013. For example, due to the time frame to conduct the PMV audits in relation to the termination of the SIPPs, those plans were not included in the PMV process. Appendix D includes a list of MCOs that were subject to validation of their PIPs and performance measures.

Purpose of the Report

The purpose of the SFY 2012–2013 External Quality Review Technical Report is to comply with the BBA which requires states to prepare an annual technical report that describes the manner in which data from activities conducted in accordance with 42 CFR 438.352 were aggregated and analyzed. The report must describe how conclusions were drawn as to the quality and timeliness of, and access to, care furnished by the contracted MCOs. This includes assessing the degree to which the MCOs and PIHPs addressed recommendations made in the previous year.

How This Report Is Organized

The remainder of this report is organized into two main sections: Section 3—EQR Activities and Results, and Appendices A–E. All information is organized by plan type for each EQR activity.

In Section 3, HSAG presents information on the results, conclusions, and recommendations for each EQR required activity, as well as a comparison of performance results and follow-up from prior year recommendations.

The BBA required information on the methodology for conducting EQR activities may be found in Appendix A. Appendix B and Appendix C include MCO-specific PIP and performance measure results, and Appendix D includes a complete list of MCOs that were reviewed for each EQR activity. Appendix E describes AHCA's decision methodology for including MCOs in EQRO mandatory activities during the SMMC transition.

Validation of Performance Improvement Projects

During SFY 2012–2013, HSAG validated one collaborative and one non-collaborative PIP for each MCO for a total of 162 PIPs. This section describes the validation activities and the overall findings across all contracted MCOs. Also included in this section are the actual PIP results, demonstrating the degree to which the improvements implemented by the MCOs had the desired results of improving access, timeliness, and quality of the care or services. As appropriate, MCO comparative information is provided. Refer also to Appendix A of this report where the PIP validation methodology is described in greater detail.

Background Information

As part of its quality assessment and performance improvement program, AHCA required the MCOs to conduct PIPs in accordance with 42 CFR 438.240. Each MCO contract required PIPs, although the number of required PIPs varied. AHCA also expected each MCO to participate in a collaborative PIP, which could be used to meet contractual requirements. HSAG facilitated the implementation of three statewide collaborative PIPs beginning in SFY 2006–2007 (one for the HMOs/PSNs, one for the PMHPs/CWPMHP, and one for the NHDP health plans), focusing quality improvement efforts on specific aspects of care and services. The SIPPs began their collaborative PIP during SFY 2010–2011.

For most HMOs and PSNs, four PIPs were contractually required: one focused on culturally and linguistically appropriate services, one focused on behavioral health services, one was a clinical PIP, and one was a collaborative PIP. Two additional PIPs were required of the one HMO with a program serving the frail and elderly. The PMHPs and the CWPMHP were required to conduct two PIPs each, one of which was the collaborative PIP. The NHDP health plans were required to conduct two quality-of-care studies, which contained the same components as a PIP. Participation in the NHDP health plan collaborative PIP satisfied one of the required quality-of-care studies for the NHDP health plans. The SIPPs were required to conduct two PIPs each, one of which was the collaborative PIP.

A listing of all MCO PIP topics and validation results is included in this report as Appendix B. A listing of all MCOs included in the PIP validation activity, along with their full name, abbreviation, and shortened name as used throughout this section, is contained in Appendix D.

There are two types of graphs used in this section of the report: one for PIP Validation Results and one for PIP Study Indicator Results. The PIP Validation Results graph includes a bar for each activity and stage for the validation year. Each bar depicts the percentage of evaluation elements that were met, partially met, and not met. The green portion of the stack bar represents the percentage of *Met* evaluation elements, the yellow portion represents the percentage of *Partially*

Met evaluation elements, and the red stack bar represents the percentage of *Not Met* evaluation elements.

In the PIP Study Indicator Results Graph, the baseline rate is represented by a blue box, and the most recent measurement period is represented by an up or down arrow. The green (upward) and red (downward) arrows indicate either statistically significant improvement or decline, respectively, while the white arrows (up or down) indicate non-statistically significant improvement or decline. A diamond next to a rate indicates that the denominator for the rate was less than or equal to 30 and should be interpreted with caution.

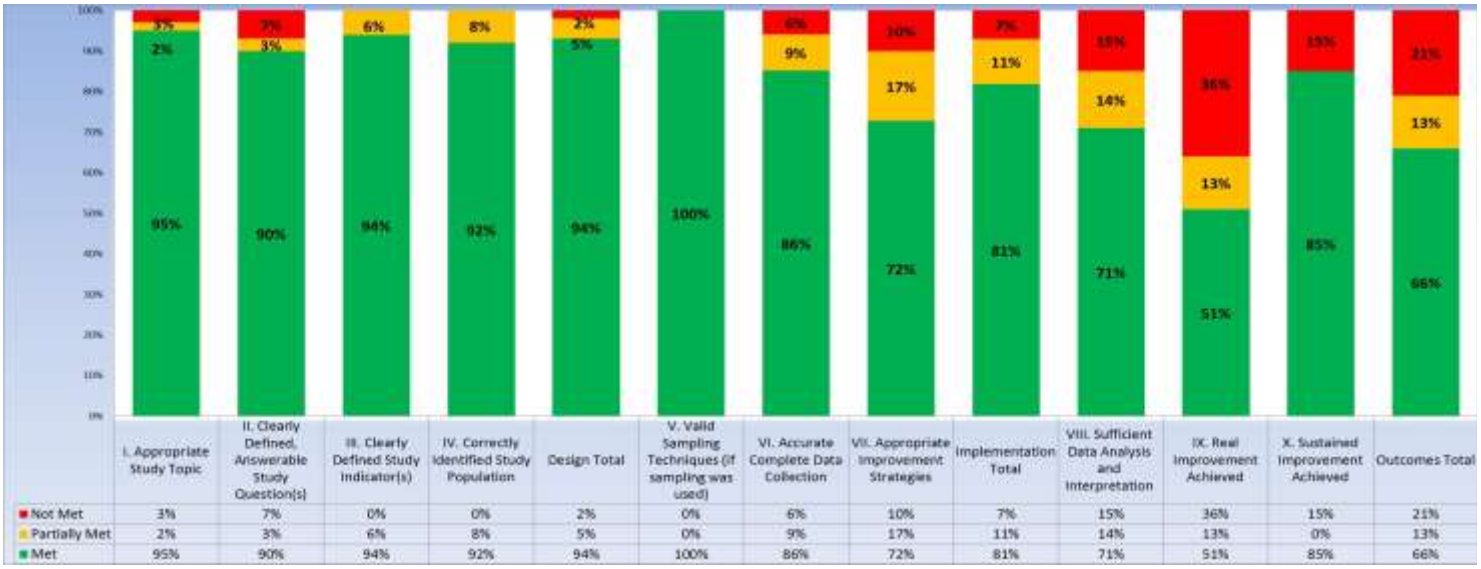
PIP Results and Comparisons by MCO Type

HMOs and PSNs

HMO Non-Collaborative Validation Results

HSAG validated 37 HMO non-collaborative Reform and Non-Reform PIPs in SFY 2012–2013. Figure 3-1 displays the percentage of evaluation elements achieving a *Met*, *Partially Met*, and *Not Met* validation score by activity and stage for the validation year. Percentage totals may not equal 100 due to rounding.

Figure 3-1—HMO Non-Collaborative PIP Validation Results



The HMOs designed scientifically sound non-collaborative PIPs that were supported by using key research principles, with 94 percent of the Design evaluation elements receiving a *Met* score. The lowest scores ranged from 90 percent to 92 percent for Activity II (study question) and Activity IV (study population), respectively. The technical design of the PIPs was sufficient to measure and monitor the outcomes associated with the HMOs' improvement strategies.

The overall percentage of evaluation elements receiving a *Met* score for the Implementation stage was 81 percent, which was lower than the Design stage. The activity scores ranged from 72 percent for interventions to 100 percent for sampling. The Implementation stage demonstrates an opportunity for improvement by the HMOs.

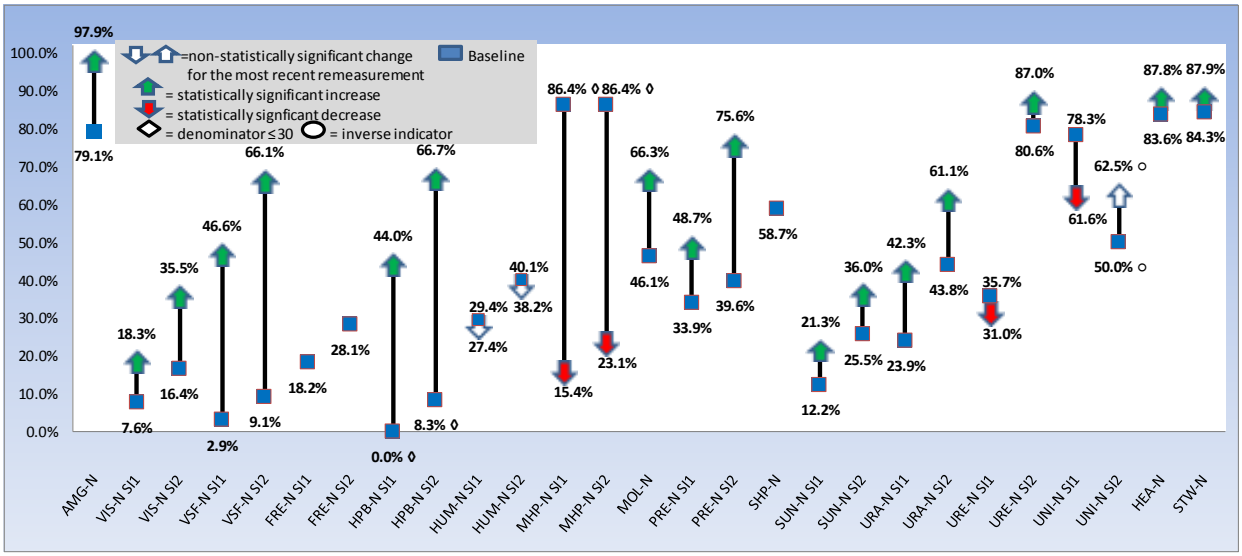
The Outcomes stage received the lowest overall score compared to the other study stages, with 66 percent of the elements receiving a *Met* score. Within this stage, the activity with the lowest score was Activity IX (real improvement) at 51 percent. Without the successful implementation of appropriate improvement strategies, the HMOs cannot achieve improved outcomes.

Overall, the HMOs' greatest opportunity for improvement occurred within Activities VIII and IX in which 71 and 51 percent of evaluation elements were scored *Met*, respectively. Specifically, the HMOs struggled with conducting statistical significance testing to determine differences between measurement periods for their PIP study indicator rates, with only 57 percent of the HMOs correctly calculating and reporting statistical significance.

HMO Non-Collaborative PIP Study Indicator Results and Comparisons

Figure 3-2 displays the baseline and most recent remeasurement period rates for the Non-Reform HMOs' non-collaborative PIPs. A circle next to the rate is used to signify that the indicator was an inverse indicator where lower rates equal better performance. For those PIPs with multiple study indicators, a study indicator identifier follows the plan name (i.e., SI1 for Study Indicator 1 and SI2 for Study Indicator 2).

Figure 3-2—Non-Reform HMO Non-Collaborative Study Indicator Results Through SFY 2012–2013



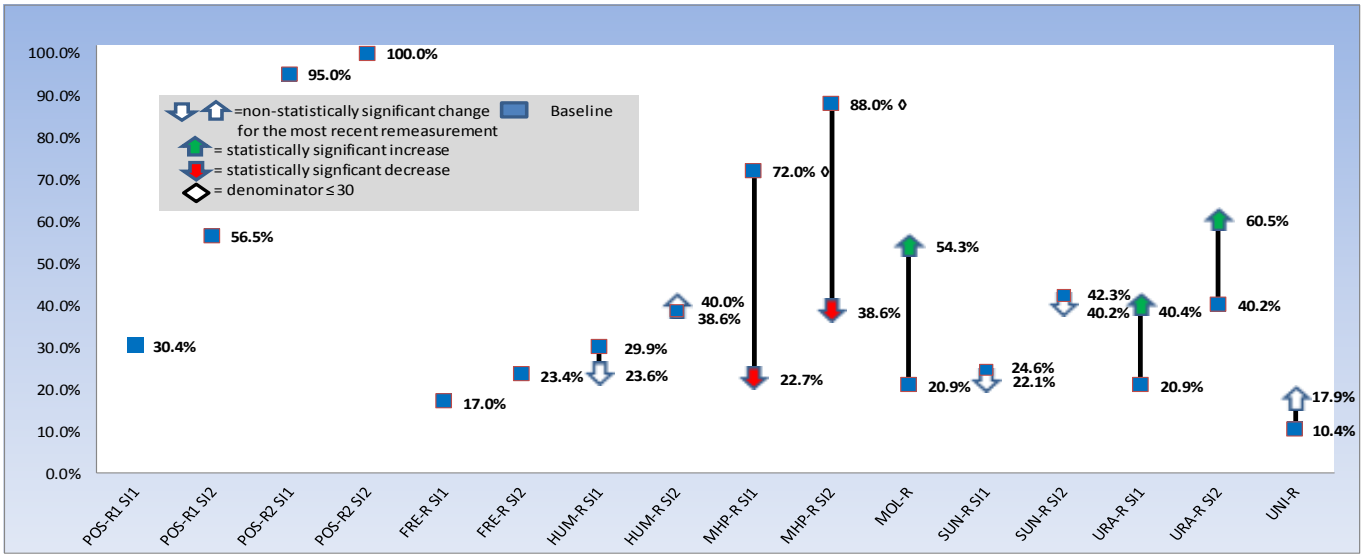
Sixteen HMOs reported a combined total of 27 study indicators. All of the HMOs reported study indicators with remeasurement rates except for Freedom Health, Inc., and Simply Healthcare Plans. Ten out of 16, or 63 percent, of the Non-Reform HMOs reported statistically significant improvement for all non-collaborative PIP study indicators between the baseline rate and the most recent measurement period. Amerigroup Community Care demonstrated a statistically significant

increase with the highest remeasurement rate (97.9 percent) of the Non-Reform HMOs. Healthy Palm Beaches, Inc., had the greatest improvement between the baseline rate and the most recent remeasurement, with a 44 percentage-point increase for Study Indicator 1 and a 58.4 percentage point increase for Study Indicator 2. Coventry Health Care of Florida, Inc.—VISTA had a similar increase, with 43.7 and 57 percentage point increases for Study Indicator 1 and 2, respectively. Conversely, Humana Family c/o Humana Medical Plan, Inc., reported a non-statistically significant decline for both study indicators. Medica Health Plans of Florida reported a statistically significant decline for both study indicators. Across all HMOs, study indicator rates for the most recent remeasurement ranged from a low of 15.4 percent to a high of 97.9 percent. An opportunity for improvement exists for several of the Non-Reform HMOs on their non-collaborative PIPs.

Figure 3-3 displays the baseline and most recent remeasurement period rates for the Reform HMO non-collaborative PIPs.

For those PIPs with multiple study indicators, a study indicator identifier follows the plan name (i.e., SI1 for Study Indicator 1 and SI2 for Study Indicator 2).

Figure 3-3—HMOs Reform Non-Collaborative Study Indicator Results Through SFY 2012–2013



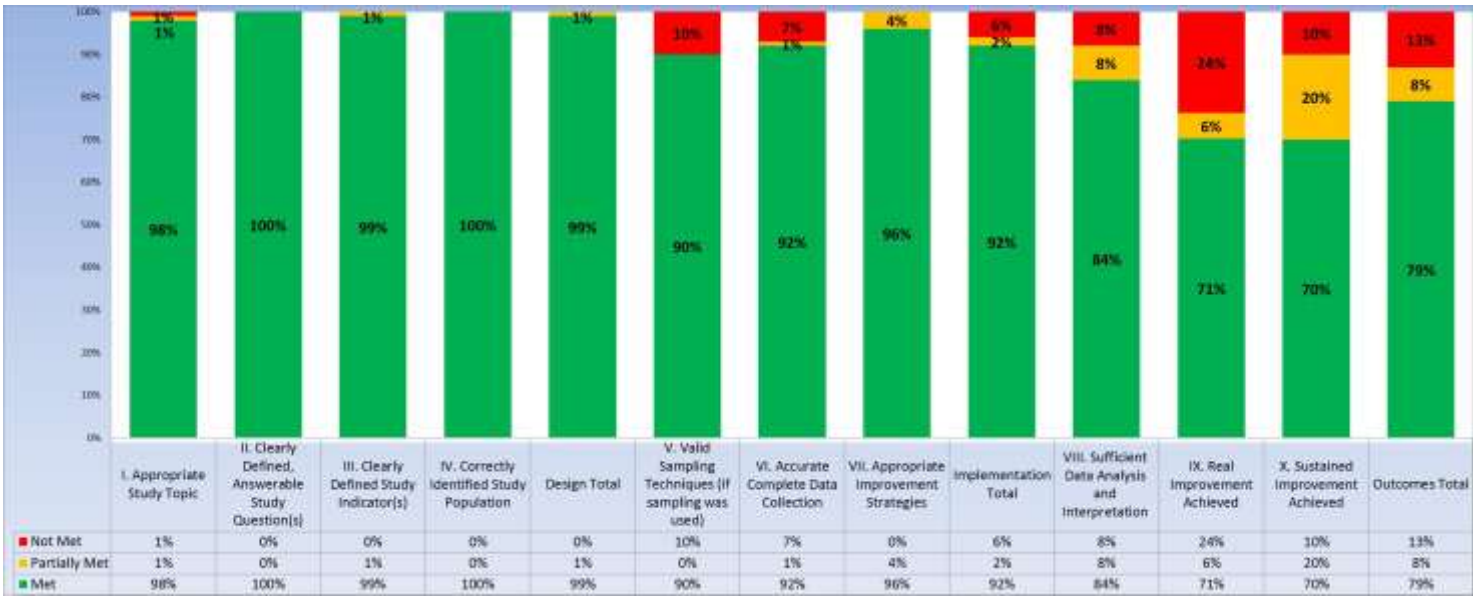
Nine HMOs reported a combined total of 16 study indicators. All of the HMOs reported study indicators with remeasurement rates except for Positive Healthcare Florida (two PIPs with two indicators each) and Freedom Health, Inc. (one PIP with two indicators). The Reform HMOs did not perform as well as the Non-Reform HMOs on their non-collaborative PIPs. Only the PIP rates for two Reform HMOs—Molina Healthcare of Florida and UnitedHealthcare Community Plan—demonstrated statistically significant improvement between the baseline rate and the most recent remeasurement rate for all study indicators. Humana Family c/o Humana Medical Plan, Inc., had non-statistically significant improvement for Study Indicator 2. In addition, Universal Health Care, Inc., had non-statistically significant improvement for its study indicator. Two HMOs reported only baseline data, with study indicator rates ranging from 17 percent to 100 percent. Across all Reform HMOs, the non-collaborative PIP study indicator rates for the most recent remeasurement period

ranged from a low of 17.9 percent to a high of 60.5 percent. An opportunity for improvement exists for the Reform HMOs on their non-collaborative PIPs.

HMO Collaborative PIP Validation Results

HSAG validated 17 Reform and Non-Reform HMO collaborative PIPs. Figure 3-4 displays the percentage of evaluation elements achieving a *Met*, *Partially Met*, and *Not Met* validation score by activity and stage for the SFY 2012–2013 validation year. Percentage totals may not equal 100 due to rounding.

Figure 3-4—HMOs Collaborative *Well-Child Visits in the First 15 Months of Life—Six or More Visits* PIP Validation Scores by Activity and Study Stage



The HMOs designed scientifically sound collaborative PIPs that were supported by using key research principles, with 99 percent of the Design stage evaluation elements receiving a *Met* score. Activity II (study question) and Activity IV (study population) received a score of 100 percent, while Activity I (study topic) received a score of 98 percent. The technical design of the PIPs was sufficient to measure and monitor the outcomes associated with the HMOs' improvement strategies.

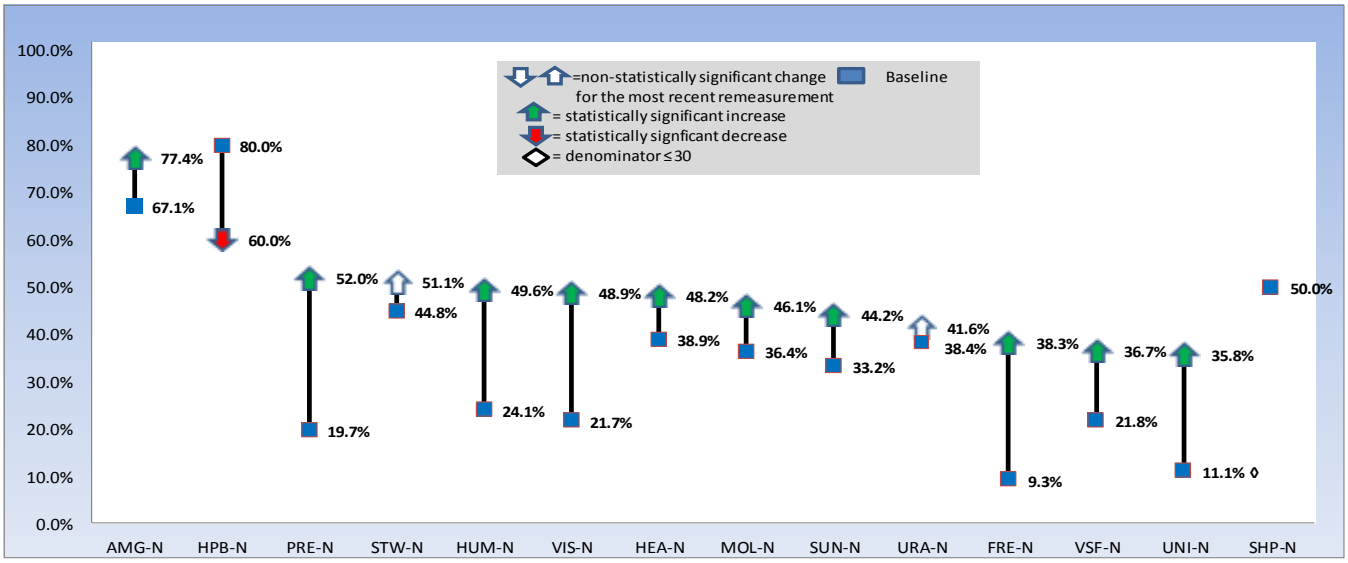
The overall percentage of elements receiving a *Met* score for the Implementation stage was 92 percent, which was lower than for the Design stage. The activity scores ranged from 90 percent for sampling to 96 percent for interventions. The Implementation stage score showed that the HMOs have an opportunity for improvement in this area.

The Outcomes stage demonstrated the greatest opportunity for improvement compared to the other study stages, with 79 percent of the elements receiving a *Met* score. Within this stage, the activity receiving the lowest score was Activity X (sustained improvement) at 70 percent, which was the result of study indicator outcomes not sustaining the improvement achieved in previous measurement periods.

HMO Collaborative PIP Study Indicator Results and Comparisons

Figure 3-5 displays the baseline and most recent measurement period rates for the Non-Reform HMOs' *Well-Child Visits in the First 15 Months of Life—Six or More Visits* collaborative PIP.

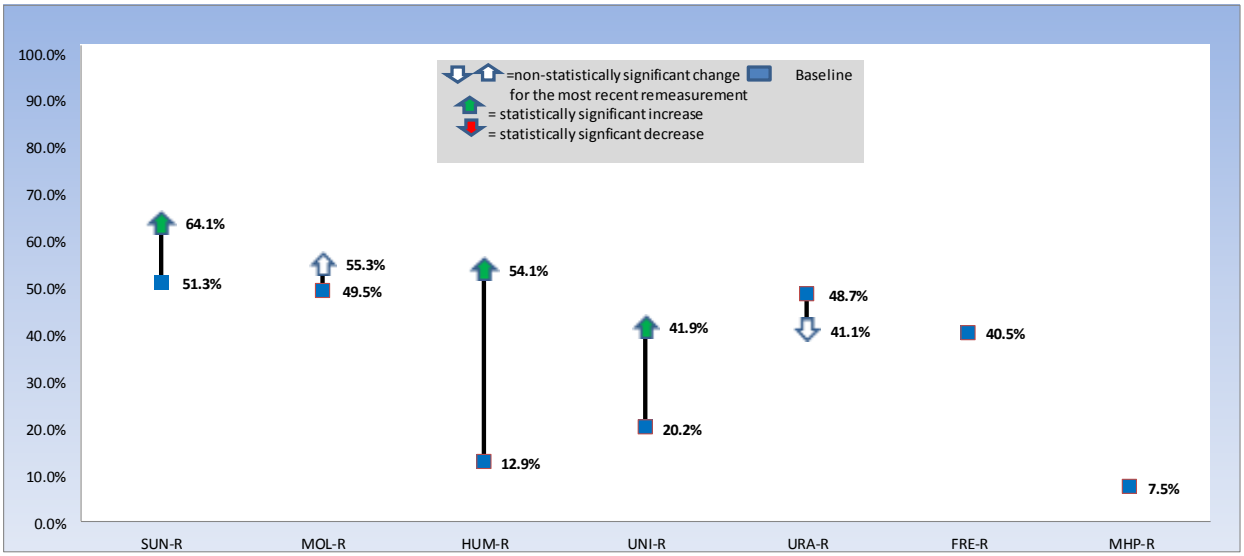
Figure 3-5—HMOs Non-Reform Collaborative *Well-Child Visits in the First 15 Months of Life—Six or More Visits* Study Indicator Results Through SFY 2012–2013



Fourteen HMOs reported a combined total of 14 study indicators. All of the HMOs reported study indicators with remeasurement rates except for Simply Healthcare Plans, which had not progressed to the point of reporting remeasurement data. Overall, 10 of the 13 (77 percent) Non-Reform HMOs with a remeasurement achieved statistically significant improvement between the baseline rate and the most recent measurement period. Amerigroup Community Care demonstrated a statistically significant increase with the highest baseline rate (67.1 percent) and remeasurement rate (77.4 percent) of the Non-Reform HMO plans for the *Well-Child* collaborative PIP. Preferred Medical Plan, Inc., had the greatest improvement between the baseline rate and the most recent remeasurement with a 32.3 percentage point increase. Wellcare Health Plans, Inc.—Staywell, UnitedHealthcare Community Plan and Healthy Palm Beaches, Inc. were the only three Non-Reform HMOs that did not demonstrate statistically significant improvement.

Figure 3-6 displays the baseline and most recent remeasurement period rates for the Reform HMOs' *Well-Child Visits in the First 15 Months of Life—Six or More Visits* collaborative PIP.

Figure 3-6—HMOs Reform Collaborative *Well-Child Visits in the First 15 Months of Life—Six or More Visits* Study Indicator Results Through SFY 2012–2013



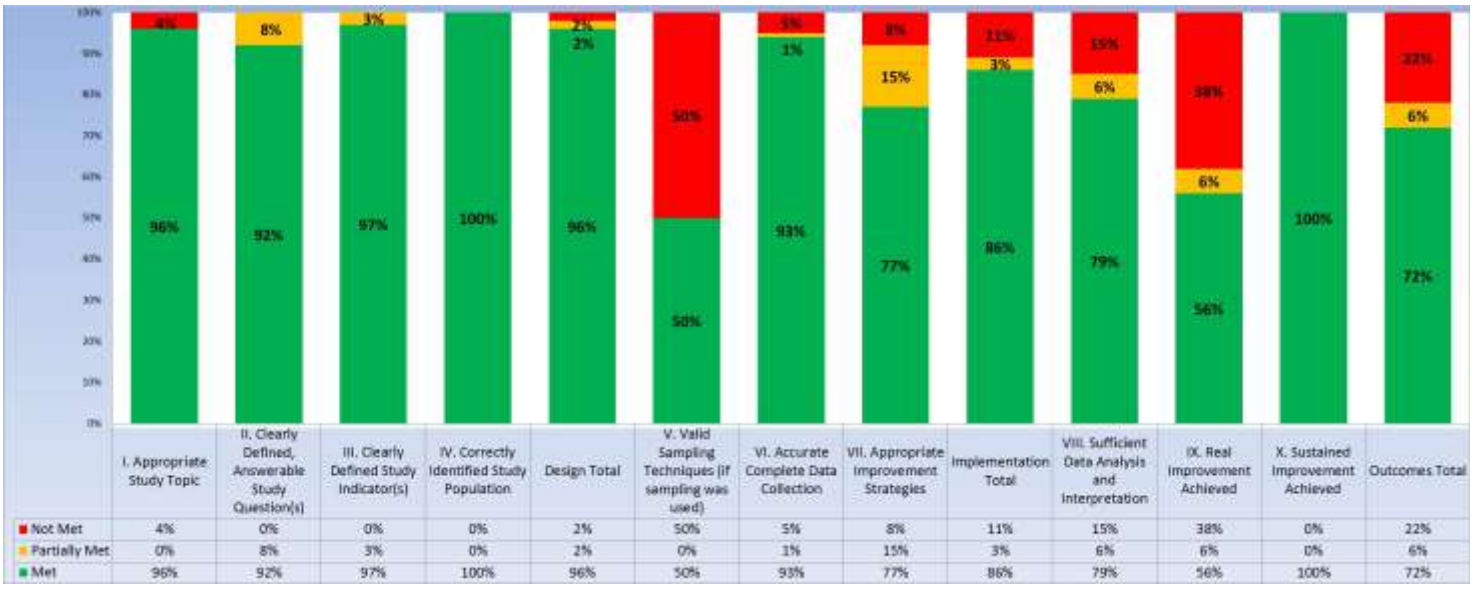
Seven HMOs reported a combined total of seven study indicators. All of the HMOs reported study indicators with remeasurement rates except for Freedom Health, Inc., and Medica Health Plans of Florida, which had not progressed to the point of reporting remeasurement data. Three out of the five Reform HMOs with a remeasurement (60 percent) achieved statistically significant improvement between the baseline and the most recent measurement period. Sunshine State Health Plan demonstrated a statistically significant increase with the highest baseline rate (51.3 percent) and remeasurement rate (64.1 percent) of the Reform HMO plans for the *Well-Child* collaborative PIP. Humana Family c/o Humana Medical Plan, Inc., had the greatest improvement between the baseline rate and the most recent remeasurement with a 41.2 percentage point increase. Molina Healthcare of Florida demonstrated a non-statistically significant increase while UnitedHealthcare Community Plan demonstrated a non-statistically significant decrease.

PSN Non-Collaborative PIP Validation Results

HSAG validated 16 Reform and Non-Reform PSN non-collaborative PIPs for SFY 2012–2013.

Figure 3-7 displays the percentage of evaluation elements achieving a *Met*, *Partially Met*, and *Not Met* validation score by activity and stage for the SFY 2012–2013 validation year. Percentage totals may not equal 100 due to rounding.

Figure 3-7—PSNs Non-Collaborative PIP Validation Scores by Activity and Study Stage



	I. Appropriate Study Topic	II. Clearly Defined, Answerable Study Question(s)	III. Clearly Defined Study Indicator(s)	IV. Correctly Identified Study Population	Design Total	V. Valid Sampling Techniques (if sampling was used)	VI. Accurate Complete Data Collection	VII. Appropriate Improvement Strategies	Implementation Total	VIII. Sufficient Data Analysis and Interpretation	IX. Real Improvement Achieved	X. Sustained Improvement Achieved	Outcomes Total
Not Met	4%	0%	0%	0%	2%	50%	5%	8%	11%	15%	38%	0%	22%
Partially Met	0%	8%	3%	0%	2%	0%	1%	15%	3%	6%	6%	0%	6%
Met	96%	92%	97%	100%	96%	50%	93%	77%	86%	79%	56%	100%	72%

The findings demonstrate that the PSNs designed scientifically sound non-collaborative PIPs that were supported by using key research principles, with 96 percent of the Design stage evaluation elements receiving a *Met* score. Activity scores for the Design stage ranged from 92 percent (study question) to 100 percent (study population). The technical design of the PIPs was sufficient to measure and monitor the outcomes associated with the PSNs' improvement strategies.

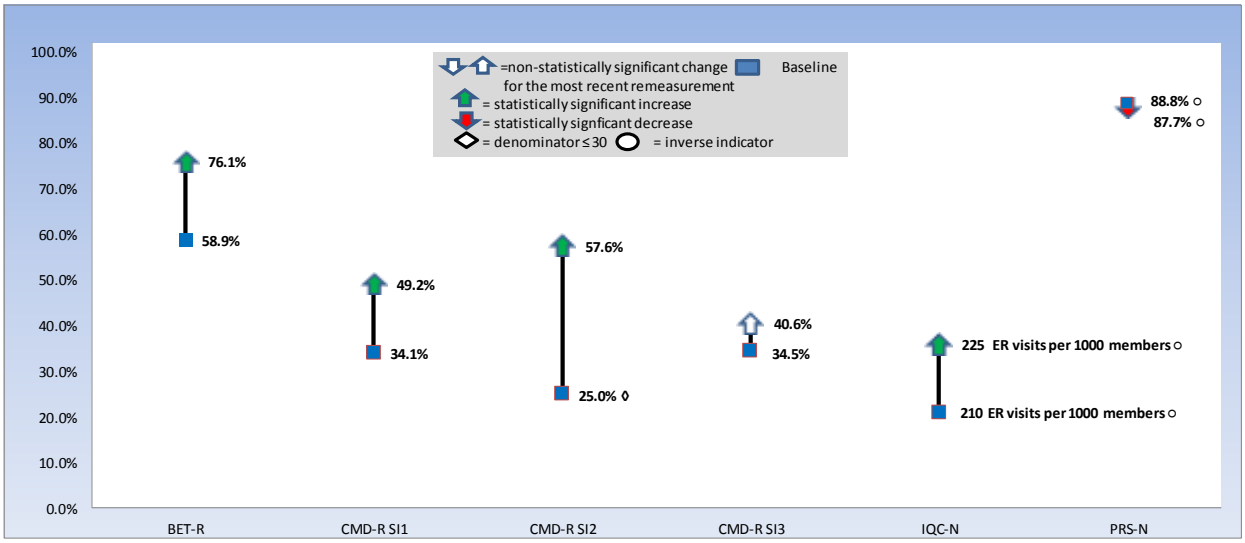
The overall percentage of evaluation elements receiving a *Met* score for the Implementation stage was 86 percent, which was lower than the Design stage. The activity scores ranged from 50 percent for sampling to 93 percent for data collection. Without the successful implementation of appropriate improvement strategies, the PSNs cannot achieve improved outcomes. The interventions activity score (77 percent) indicates an opportunity for improvement which could greatly affect the Outcomes stage.

The Outcomes stage received the lowest overall score compared to the other study stages, with 72 percent of the evaluation elements receiving a *Met* score. Within this stage, the activity with the lowest score was Activity IX (real improvement) at 56 percent, which was the result of study indicator outcomes not achieving improvement for the current measurement period. The 100 percent score for the sustained improvement activity was the result of one PIP that was validated through Activity X and receiving a *Met* validation score.

PSN Non-Collaborative Study Indicator Results and Comparisons

Figure 3-8 displays the study indicator rates for the four Non-Reform/Reform PSNs that reported at least baseline data for their non-collaborative PIPs. For those PIPs with multiple study indicators, a study indicator identifier follows the plan name (i.e., SI1 for Study Indicator 1, SI2 for Study Indicator 2, and SI3 for Study Indicator 3).

Figure 3-8—PSNs Non-Reform/Reform Non-Collaborative Study Indicator Results Through SFY 2012–2013

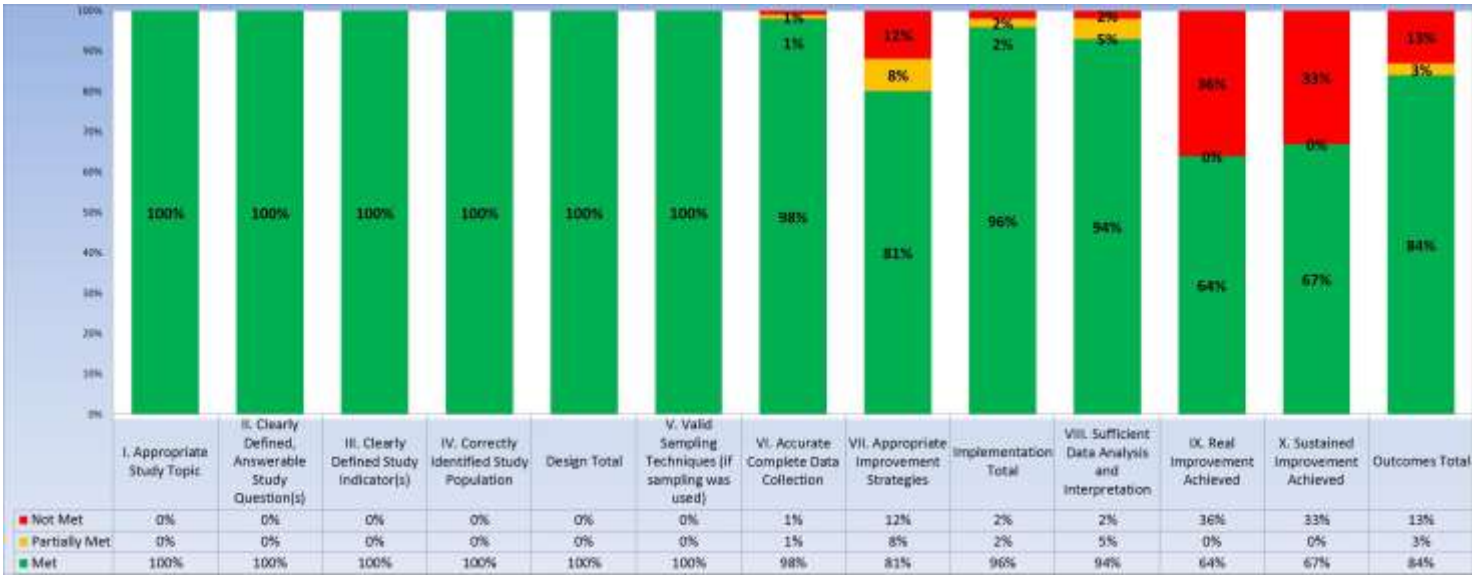


Four PSNs reported a combined total of six study indicators. Better Health demonstrated a statistically significant increase with the highest remeasurement rate (76.1 percent). Children's Medical Services—Duval reported improvement for all three study indicators, with two of the three indicators demonstrating statistically significant improvement. Integral Quality Care reported a statistically significant increase (indicating a decline in performance) for the ER visits per 1000 members study indicator. The rate increased from 210 visits per 1000 members to 225 visits per 1000 members. Since this study indicator is an inverse indicator, a lower rate indicates better performance. Prestige Health Choice demonstrated statistically significant improvement for its inverse study indicator, with the rate dropping from 88.8 percent to 87.7 percent. However, the denominator for this indicator (ER Visits) was very large (N=31,151), which allowed the small change in rates to be statistically significant.

PSN Collaborative PIP Validation Results

HSAG validated eight PSN collaborative PIPs for SFY 2012–2013. Figure 3-9 displays the percentage of evaluation elements achieving a *Met*, *Partially Met*, and *Not Met* validation score by activity and stage for the SFY 2012–2013 validation year. Percentage totals may not equal 100 due to rounding.

Figure 3-9—PSNs Collaborative *Well-Child Visits in the First 15 Months of Life—Six or More Visits*
PIP Validation Scores by Activity and Study Stage



	I. Appropriate Study Topic	II. Clearly Defined, Answerable Study Question(s)	III. Clearly Defined Study Indicator(s)	IV. Correctly Identified Study Population	Design Total	V. Valid Sampling Techniques (if sampling was used)	VI. Accurate Complete Data Collection	VII. Appropriate Improvement Strategies	Implementation Total	VIII. Sufficient Data Analysis and Interpretation	IX. Real Improvement Achieved	X. Sustained Improvement Achieved	Outcomes Total
Not Met	0%	0%	0%	0%	0%	0%	1%	12%	2%	2%	36%	33%	13%
Partially Met	0%	0%	0%	0%	0%	0%	1%	8%	2%	5%	0%	0%	3%
Met	100%	100%	100%	100%	100%	100%	98%	81%	96%	94%	64%	67%	84%

The PSNs designed scientifically sound collaborative PIPs that were supported by using key research principles, with 100 percent of the Design evaluation elements receiving a *Met* score. All activities within the Design stage received scores of 100 percent. The technical design of the PIPs was sufficient to measure and monitor the outcomes associated with the PSNs' improvement strategies. This achievement in the PIP Design stage allowed for successful progression to the next stage of the PIP process.

The overall percentage of elements receiving a *Met* score for the Implementation stage was 96 percent, which was slightly lower than for the Design stage. The activity scores ranged from 81 percent for interventions to 100 percent for sampling. The Implementation stage demonstrates an opportunity for improvement and can greatly affect the Outcomes stage.

The Outcomes stage received the lowest overall score compared to the other study stages, with 84 percent of the elements receiving a *Met* score. Within this stage, the activity receiving the lowest score was Activity IX (real improvement) at 64 percent, which was the result of the PSNs not achieving statistically significant improvement for their PIP study indicator(s). Similarly, for Activity X (sustained improvement), the PSNs performed only slightly better than Activity IX (real improvement), with 67 percent of the evaluation elements receiving a *Met* score.

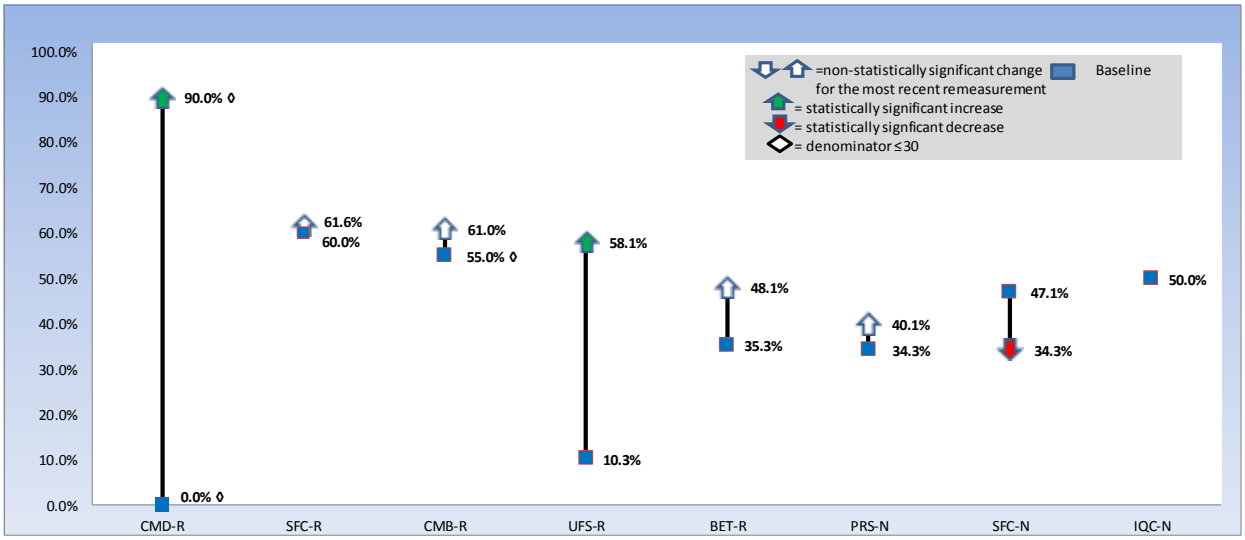
Overall, the PSNs' greatest opportunity for improvement occurred within Activities IX and X in which 64 and 67 percent of elements were scored *Met*, respectively. Without the successful

implementation of appropriate improvement strategies, the PSNs cannot achieve improved outcomes. An additional opportunity for improvement occurred in Activity VIII (data analysis). Only 55 percent of the PSNs documented whether there were or were not factors identified that could affect the ability to compare study indicator rates between measurement periods.

PSN Collaborative PIP Study Indicator Results and Comparisons

Figure 3-10 displays the baseline and most recent remeasurement period rates for the Non-Reform/Reform PSNs' *Well-Child Visits in the First 15 Months of Life—Six or More Visits* collaborative PIP.

Figure 3-10—PSNs Non-Reform/Reform Collaborative *Well-Child Visits in the First 15 Months of Life—Six or More Visits* Study Indicator Results Through SFY 2012–2013



Eight PSNs reported a combined total of eight study indicators. All of the PSNs reported study indicators with remeasurement rates except for Integral Quality Care, which had not progressed to the point of reporting remeasurement data. Two out of seven, or 29 percent, of the Non-Reform/Reform PSNs with a remeasurement achieved statistically significant improvement between the baseline rate and the most recent measurement period. Children's Medical Services—Duval demonstrated the greatest improvement and a statistically significant increase with the lowest baseline rate (0 percent) and highest remeasurement rate (90 percent) of the Non-Reform/Reform PSN plans for the *Well-Child* collaborative PIP. Four PSNs documented non-statistically significant improvement between the baseline and the most recent remeasurement period. South Florida Community Care Network documented a statistically significant decline between the baseline and the most recent remeasurement period.

Conclusions and Recommendations

The results for the *Well-Child Visits in the First 15 Months of Life—Six or More Visits* collaborative PIP demonstrated the need for ongoing improvement. The majority of the Non-Reform HMOs/PSNs had rates for the most recent remeasurement period that were at or below 50 percent.

The Reform HMOs'/PSNs' rates were at or below 60 percent. Both Reform and Non-Reform HMOs/PSNs had mixed results for the most recent remeasurement for the non-collaborative PIPs. However, they had higher rates than the Non-Reform and Reform HMOs/PSNs for the collaborative PIPs.

Considering the current activities related to the collaborative and non-collaborative PIPs and the PIP requirements of the individual Non-Reform and Reform HMOs/PSNs, HSAG recommends the following to address areas of poor performance:

AHCA

- AHCA should have MCOs that achieve statistically significant improvement in remeasurement periods continue to discuss and share lessons learned and successes during upcoming quarterly PIP meetings.
- AHCA should consider developing a strategy, in collaboration with HSAG, to determine criteria for PIP retirement and for requiring new PIP topics for each of the HMOs/PSNs.

HMOs/PSNs

- The HMOs/PSNs should identify study outcome barriers specific to their population. Barriers should be identified through analyses and then prioritized based on the health plan's resources. Targeted interventions should be implemented to reduce and overcome the effects of the barriers.
- The HMOs/PSNs should implement a method to study the efficacy of the interventions to determine which are most successful and which have not had the desired effect.
- The HMOs/PSNs should perform interim evaluations of the results in addition to the formal annual evaluation. Conducting interim measurements and evaluating the results could assist the plans to identify and eliminate barriers that impede improvement.
- The HMOs/PSNs should conduct a drill-down type of analysis before and after the implementation of any intervention to determine if any subgroup within the study population had a disproportionately lower rate that negatively affected the overall rate. The plans should target interventions to the identified subgroups with the lowest study indicator rates, allowing the implementation of more precise, concentrated interventions.

HMO/PSN Follow-Up on Prior Year Recommendations

Across all PIPs validated, the HMOs improved the overall *Met* validation status in the Design stage (Activities I through VI) from 91 percent in SFY 2011–2012 to 94 percent in SFY 2012–2013. This was accomplished by the HMOs addressing HSAG's recommendations made in the SFY 2011–2012 PIP Validation Tool. However, the HMOs were not as successful in subsequent stages. For the Implementation stage (Activities VII and VIII), the HMOs' overall *Met* validation scores declined from 81.4 percent to 77.4 percent. The HMOs did not address HSAG's recommendations related to conducting a causal/barrier analysis and implementing interventions to directly affect study indicator results. In the Outcomes stage, Activities IX and X are scored solely on study indicator outcomes. The HMOs not addressing the feedback provided in Activity VII related to their quality improvement activities can negatively affect the HMOs' ability to achieve real improvement and sustain the improvement, and ultimately increase the percentage of *Met* scores in these activities.

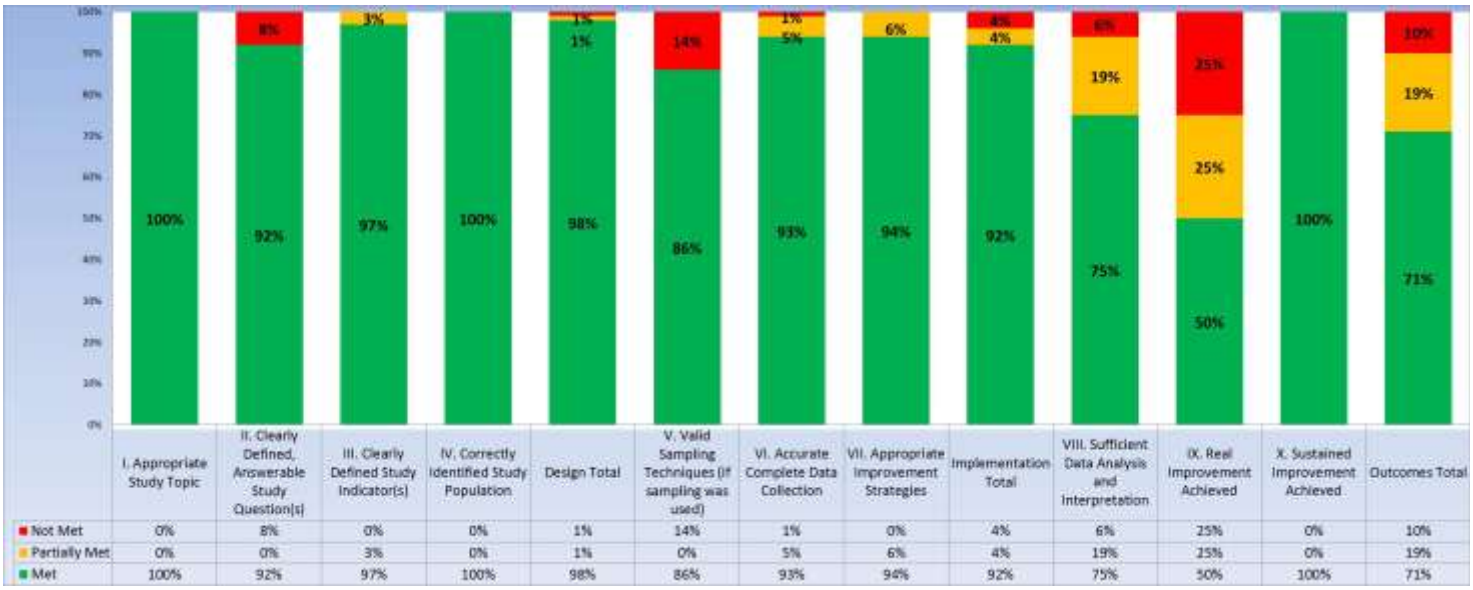
The same was true for the PSNs. The PSNs' overall *Met* validation score for the Design stage was 98 percent, but only 86 percent in the Implementation stage and 68 percent in the Outcomes stage. Based on these findings, the HMOs/PSNs should ensure that HSAG's recommendations regarding causal/barrier analysis, interventions, and reporting of data are addressed and follow-up activities are initiated.

PMHPs/CWPMHP

PMHP Non-Collaborative PIP Validation Results

HSAG validated 13 PMHP non-collaborative PIPs for SFY 2012–2013. Figure 3-11 displays the percentage of evaluation elements achieving a *Met, Partially Met,* and *Not Met* validation score by activity and stage for the SFY 2012–2013 validation year. Percentage totals may not equal 100 due to rounding.

Figure 3-11—PMHPs Non-Collaborative PIP Validation Scores by Activity and Study Stage



The PMHPs designed scientifically sound non-collaborative PIPs that were supported by using key research principles, with 98 percent of the Design stage evaluation elements receiving a *Met* score. Activity scores for the Design stage ranged from 92 percent to 100 percent. The technical design of the PIPs was sufficient to measure and monitor the outcomes associated with the PMHPs' improvement strategies.

The overall percentage of evaluation elements receiving a *Met* score for the Implementation stage was 92 percent, which was lower than the Design stage. The activity scores ranged from 86 percent for sampling to 94 percent for interventions. The successful implementation of appropriate improvement strategies facilitates study indicator improvement in the Outcomes stage.

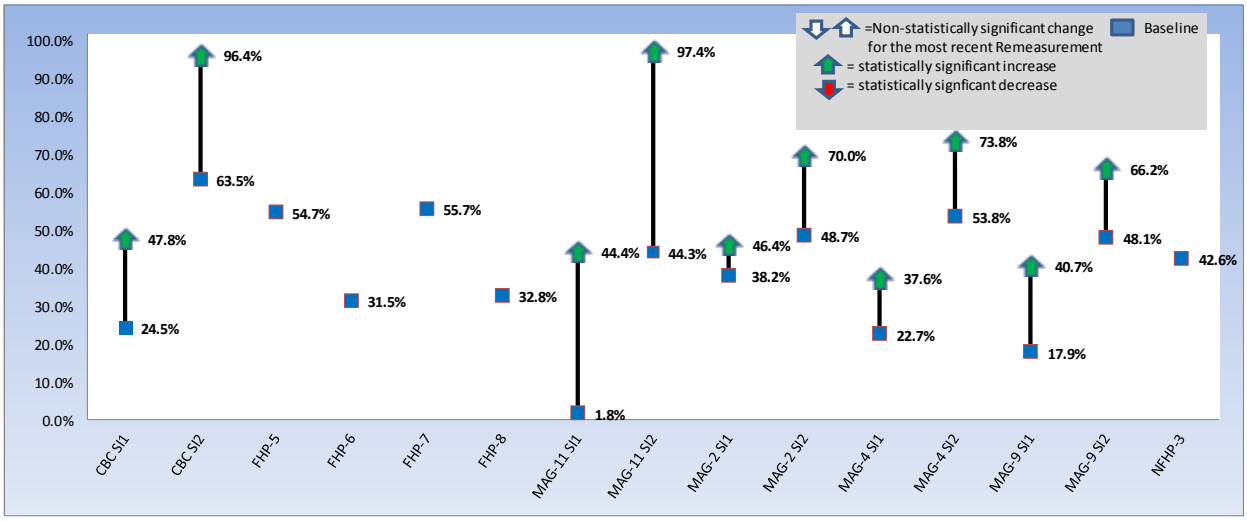
For the Outcomes stage, 71 percent of the evaluation elements received a *Met* score. Within this stage, Activity X (sustained improvement) received a *Met* score for 100 percent of the evaluation

elements. Five PIPs progressed through Activity X and received a *Met* score. The improvement in the Outcomes stage is linked directly to the Implementation stage, where 94 percent of the evaluation elements in Activity VII (interventions) received a *Met* validation score, indicating that the causal/barrier analysis process used to identify barriers and develop corresponding interventions was successful. However, an opportunity for improvement still exists for Activity IX (real improvement), where 50 percent of the evaluation elements received a *Met* score.

PMHP Non-Collaborative PIP Study Indicator Results and Comparisons

Figure 3-12 displays the baseline and most recent remeasurement period rates for the PMHP non-collaborative PIPs. For those PIPs with multiple study indicators, a study indicator identifier follows the plan name (i.e., SI1 for Study Indicator 1 and SI2 for Study Indicator 2).

Figure 3-12—PMHPs Non-Collaborative Study Indicator Results Through SFY 2012–2013

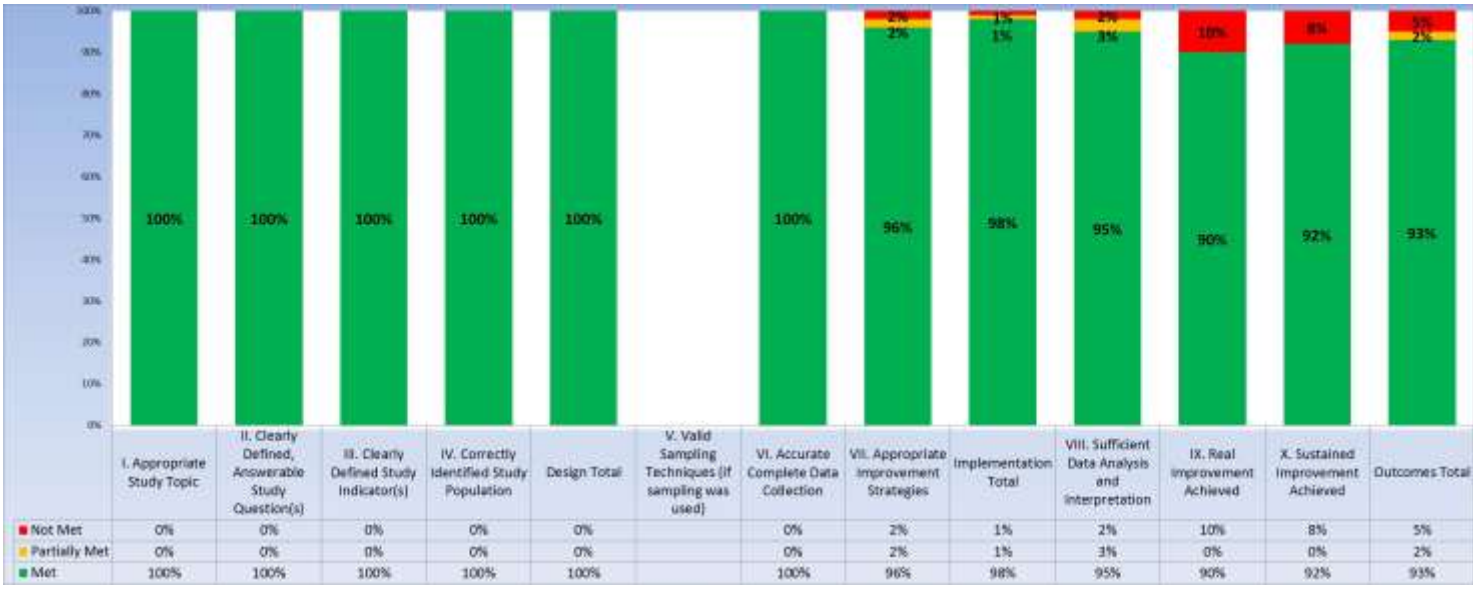


Ten PMHPs reported a combined total of 15 study indicators. All of the PMHPs reported study indicators with remeasurement rates except for Florida Health Partners (Areas 5, 6, 7, and 8) and North Florida Behavioral Health Partners (Area 3), which had only progressed to the point of reporting baseline data. All five PMHPs documenting study indicators with a remeasurement reported a statistically significant improvement. Study indicator rates for the most recent remeasurement period ranged from 37.6 percent to 97.4 percent.

PMHP Collaborative PIP Validation Results

Figure 3-13 displays the percentage of evaluation elements achieving a *Met*, *Partially Met*, and *Not Met* validation score by activity and stage for the SFY 2012–2013 validation year. Eleven PMHP collaborative PIPs were validated. None of the PMHPs used sampling for the collaborative PIP; therefore, no data are presented for Activity V.

Figure 3-13—PMHPs Collaborative *Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis* PIP Validation Scores by Activity and Study Stage



	I. Appropriate Study Topic	II. Clearly Defined, Answerable Study Question(s)	III. Clearly Defined Study Indicator(s)	IV. Correctly Identified Study Population	Design Total	V. Valid Sampling Techniques (if sampling was used)	VI. Accurate Complete Data Collection	VII. Appropriate Improvement Strategies	Implementation Total	VIII. Sufficient Data Analysis and Interpretation	IX. Real Improvement Achieved	X. Sustained Improvement Achieved	Outcomes Total
Not Met	0%	0%	0%	0%	0%		0%	2%	1%	2%	10%	8%	5%
Partially Met	0%	0%	0%	0%	0%		0%	2%	1%	3%	0%	0%	2%
Met	100%	100%	100%	100%	100%		100%	96%	98%	95%	90%	92%	93%

The PMHPs also designed scientifically sound collaborative PIPs which were supported by using key research principles, with 100 percent of the Design evaluation elements receiving a *Met* score. The technical design of the PIPs was sufficient to measure and monitor the outcomes associated with the PMHPs' improvement strategies. The PMHPs' achievements in the PIP Design stage allowed for successful progression to the next stage of the PIP process.

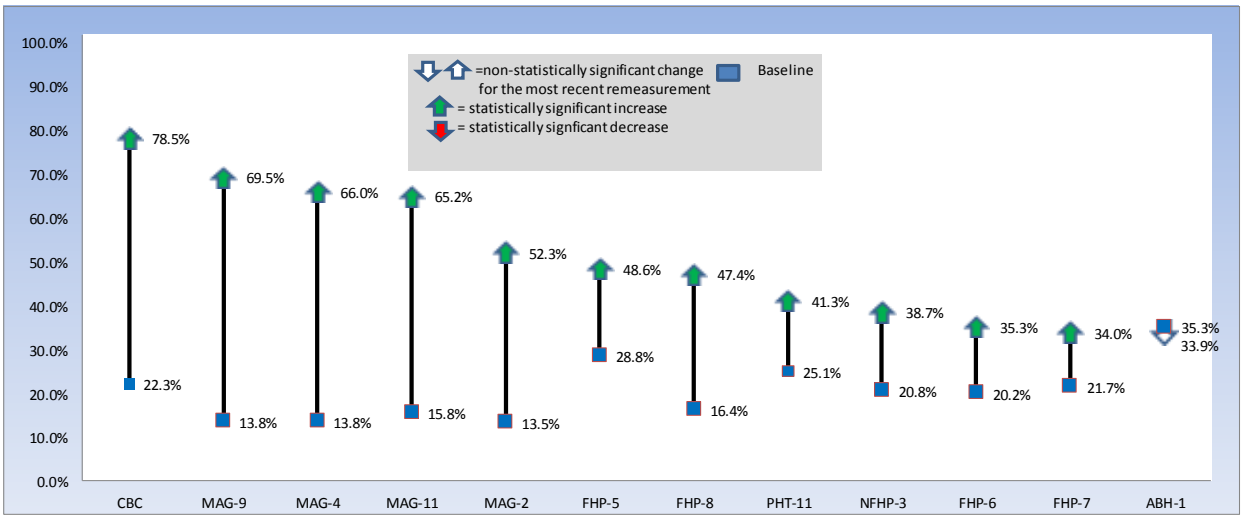
The overall percentage of elements receiving a *Met* score for the Implementation stage was 98 percent, which was slightly lower than the Design stage. The activity scores ranged from 96 percent for interventions to 100 percent for data collection. The successful implementation of appropriate improvement strategies facilitates study indicator improvement in the Outcomes stage.

The PMHP Outcomes stage received the highest score among all MCO types, with 93 percent of the evaluation elements receiving a *Met* score. Within this stage, Activity IX (real improvement) received a *Met* score for 90 percent of the evaluation elements. Furthermore, this improvement was sustained, with 92 percent of the PMHP PIPs sustaining the improvement that was achieved above the baseline rate. The improvement in the Outcomes stage links directly to the Implementation stage, where 96 percent of the evaluation elements in Activity VII (interventions) received a *Met* validation score, indicating that the causal/barrier analysis process used to identify barriers and develop corresponding interventions was successful.

PMHP Collaborative PIP Study Indicator Results and Comparisons

Figure 3-14 displays the baseline and most recent remeasurement period rates by PMHPs for the *Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis* collaborative PIP.

Figure 3-14—PMHPs Collaborative *Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis* Study Indicator Results Through SFY 2012–2013



Twelve PMHPs reported a combined total of 12 study indicators. All of the PMHPs reported study indicators with remeasurement rates. Overall, 11 of the 12 PMHPs (92 percent) demonstrated statistically significant improvement over baseline with remeasurement rates ranging from 34 percent to 78.5 percent. Community Based Care Partnership reported the highest remeasurement rate at 78.5 percent. The greatest improvement, 55.7 percentage points, was documented by Magellan Behavioral Health of Florida, Inc. (Area 9). The only decrease, which was not statistically significant, was demonstrated by Lakeview Center dba Access Behavioral Health. Furthermore, this PMHP documented the lowest most recent remeasurement period rate of 33.9 percent.

Conclusions and Recommendations

The PMHPs have collected and reported baseline to Remeasurement 4 results for the *Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis* collaborative PIP. The study indicator rates have demonstrated the greatest improvement from baseline of all the MCO types, with all the PMHPs except one demonstrating statistically significant improvement over the baseline rate. However, the most recent remeasurement period rates were at or below 50 percent for 8 of the 12 PMHP collaborative PIPs. The non-collaborative PIPs fared better, with the most recent remeasurement period study indicator rates as high as 97 percent. Although PMHPs performed slightly better on the non-collaborative PIPs than the collaborative PIPs, the PMHPs still have an opportunity for improvement on many non-collaborative PIPs, with several PMHPs' PIP rates below 50 percent.

Considering the current activities related to the collaborative and non-collaborative PIPs and the individual PMHP PIP requirements, HSAG recommends the following next steps:

AHCA

- AHCA, with HSAG's assistance, should identify a statewide goal or expected level of improvement for the collaborative PIP study indicator.
- AHCA should consider developing a strategy, in collaboration with HSAG, to determine criteria for PIP retirement.

PMHPs

- The PMHPs should communicate with enrollees and providers to ensure timely submission of contact information changes to the State.
- The PMHPs should continue to implement interventions to increase follow-up for the subgroups with the lowest follow-up rates for the collaborative.
- The PMHPs should continue to evaluate the success of interventions. Interventions that are deemed successful should become a standard part of the PMHPs' processes.
- The PMHPs should continue to ensure that the results reported in the collaborative PIP submissions are consistent with performance measure results validated by HSAG and reported to AHCA.
- The PMHPs should clearly define the time frame associated with the implementation of each intervention. This definition will support HSAG's further analysis of intervention effectiveness.

PMHP Follow-Up on Prior Year Recommendations

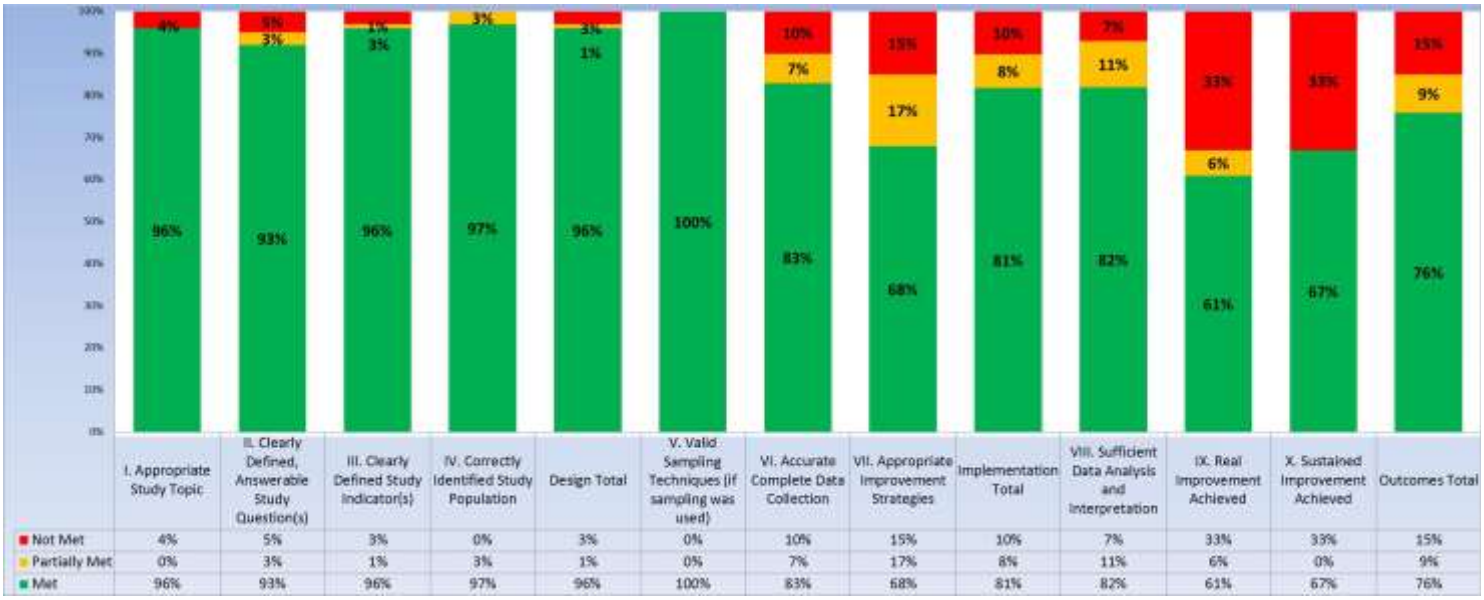
Based on the percentage of overall *Met* validation scores in each stage of the PIP for all PIPs validated, the PMHPs appear to be addressing HSAG's recommendations with the exception of the Implementation stage (Activities VII and VIII). The overall *Met* validation scores in these activities declined from 94 percent in SFY 2011–2012 to 89 percent in SFY 2012–2013. Based on these findings, the PMHPs should ensure that HSAG's recommendations regarding causal/barrier analysis, interventions, and reporting of data are addressed and follow-up activities are initiated.

NHDP Health Plans

NHDP Health Plans Non-Collaborative PIP Validation Results

HSAG validated twenty-one NHDP health plans' non-collaborative PIPs for SFY 2012–2013. Figure 3-15 displays the percentage of evaluation elements achieving a *Met*, *Partially Met,* and *Not Met* validation score by activity and stage for the SFY 2012–2013 validation year. Percentage totals may not equal 100 due to rounding.

Figure 3-15—NHDP Health Plans Non-Collaborative PIP Validation Scores by Activity and Study Stage



Overall, the NHDP health plans designed scientifically sound non-collaborative PIPs that were supported by using key research principles, with 96 percent of the Design evaluation elements receiving a *Met* score. Activity scores ranged from 93 percent (study question) to 97 percent (study population). The technical design of the PIPs was sufficient to measure and monitor the outcomes associated with the NHDP health plans' improvement strategies. The solid design of the PIPs allowed for the successful progression to the next stage of the PIP process.

The overall percentage of evaluation elements receiving a *Met* score for the Implementation stage was 81 percent, which was lower than the Design stage. The activity scores ranged from 68 percent for interventions to 100 percent for sampling. Without the successful implementation of appropriate improvement strategies, the NHDP health plans cannot achieve improved outcomes.

The Outcomes stage received the lowest overall score compared to the other study stages, with 76 percent of the evaluation elements receiving a *Met* score. Within this stage, the activity with the lowest score was real improvement (61 percent), closely followed by sustained improvement (67 percent). The NHDP health plans were able to achieve higher scores for the Implementation and Outcomes stages compared to the other MCO types' non-collaborative PIPs, with 81 percent and 76 percent, respectively. In comparing the non-collaborative and collaborative NHDP health plan PIPs,

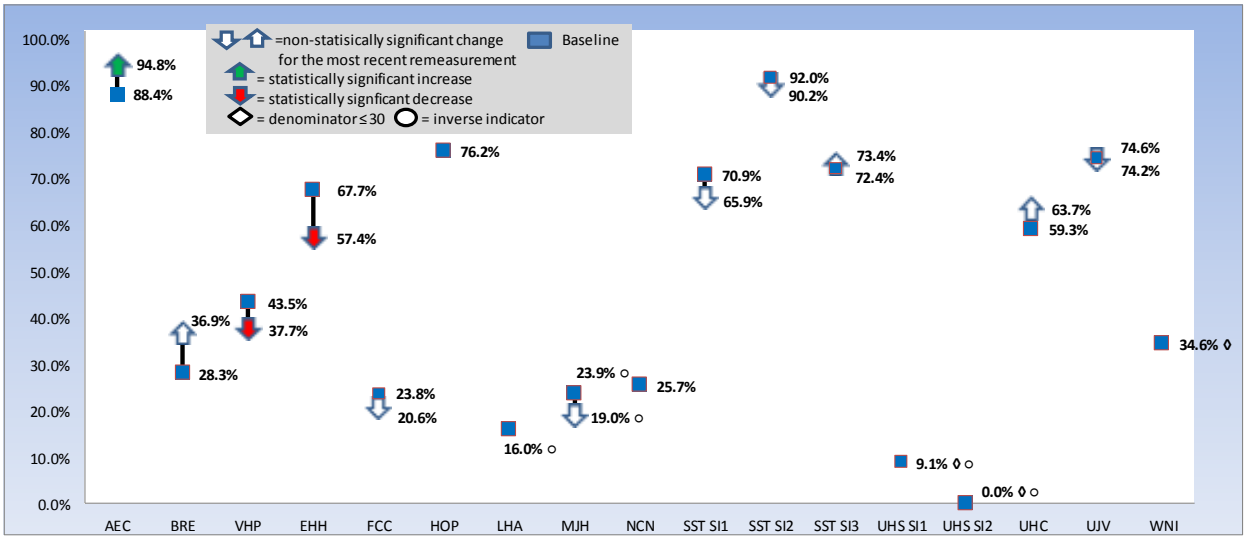
the non-collaborative PIPs demonstrated better results for the Outcomes stage than the collaborative PIPs. This difference is likely because the non-collaborative PIPs had fewer study indicators. With fewer study indicators to improve, the non-collaborative PIPs were able to achieve a higher percentage of evaluation elements scored as *Met* for the Outcomes stage.

The NHDP health plans' greatest opportunity for improvement occurred within Activities IX and X. The percentage of elements scored *Met* were 61 percent and 67 percent, respectively. In addition, the score for Activity VII (interventions) at 68 percent represents an opportunity for improvement.

NHDP Health Plans Non-Collaborative PIP Study Indicator Results and Comparisons

Figure 3-16 displays the baseline and most recent remeasurement period rates for the NHDP health plan non-collaborative PIPs. Note: For those PIPs with multiple study indicators, a study indicator identifier follows the plan name (i.e., SI1 for Study Indicator 1, SI2 for Study Indicator 2, and SI3 for Study Indicator 3).

Figure 3-16—NHDP Health Plans Non-Collaborative Study Indicator Results Through SFY 2012–2013

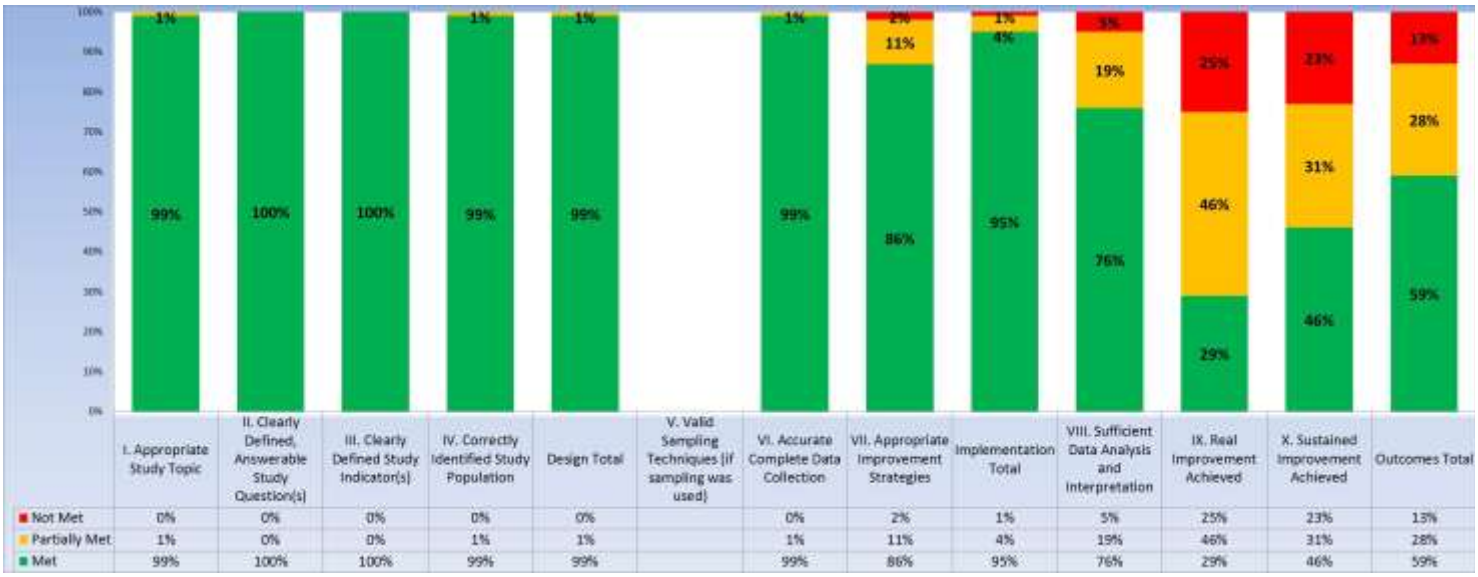


Fourteen NHDP health plans reported a combined total of 17 study indicators. Five NHDP health plans progressed to the point of reporting baseline data. American Eldercare, Inc., documented statistically significant improvement between the baseline rate (88.4 percent) and the most recent remeasurement period rate (94.8 percent). American Eldercare, Inc., demonstrated the highest remeasurement rate with at least one remeasurement. Four NHDP health plans, Brevard Alzheimer's Foundation dba YourCare Brevard, Miami Jewish Home and Hospital—Project Independence (inverse study indicator), Sunshine State Health Plan—Tango, and Universal Health Care, Inc., demonstrated non-statistically significant improvement for at least one study indicator between the baseline rate and the most recent remeasurement period. Coventry Health Care of Florida, Inc.—VISTA and Evercare Health and Home Connection demonstrated a statistically significant decline between the baseline rate and the most recent remeasurement period rate.

NHDP Health Plans Collaborative PIP Validation Results

HSAG validated 13 NHDP health plan collaborative PIPs for SFY 2012–2013. Figure 3-17 displays the percentage of evaluation elements achieving a *Met*, *Partially Met*, and *Not Met* validation score by activity and stage for the SFY 2012–2013 validation year. None of the NHDP health plans used sampling for the collaborative PIP; therefore, no data are presented for Activity V.

Figure 3-17—NHDP Health Plans Collaborative *Timeliness of Services* PIP Validation Scores by Activity and Study Stage



The NHDP health plans designed scientifically sound collaborative PIPs that were supported by using key research principles, with 99 percent of the Design evaluation elements receiving a *Met* score. All activities within the Design stage received scores of either 99 percent or 100 percent. The technical design of the PIPs was sufficient to measure and monitor the outcomes associated with the NHDP health plans' improvement strategies. The solid design of the PIPs allowed for the successful progression to the next stage of the PIP process.

The overall percentage of evaluation elements receiving a *Met* score for the Implementation stage was 95 percent, which was slightly lower than the Design stage. The activity scores ranged from 86 percent for interventions to 99 percent for data collection. Without the successful implementation of appropriate improvement strategies, the NHDP health plans cannot achieve improved outcomes.

The Outcomes stage received the lowest overall score compared to the other study stages, with 59 percent of the evaluation elements receiving a *Met* score. Within this stage, the activity with the lowest score was Activity IX (real improvement), receiving a *Met* score for 29 percent of the evaluation elements. The NHDP health plans' low scores in the Outcomes stage could be attributed to the number of study indicators included in each collaborative PIP. The NHDP health plans had eight study indicators to improve. For an NHDP health plan's PIP to receive a *Met* validation score for improvement and sustained improvement, all study indicators would have had to improve and

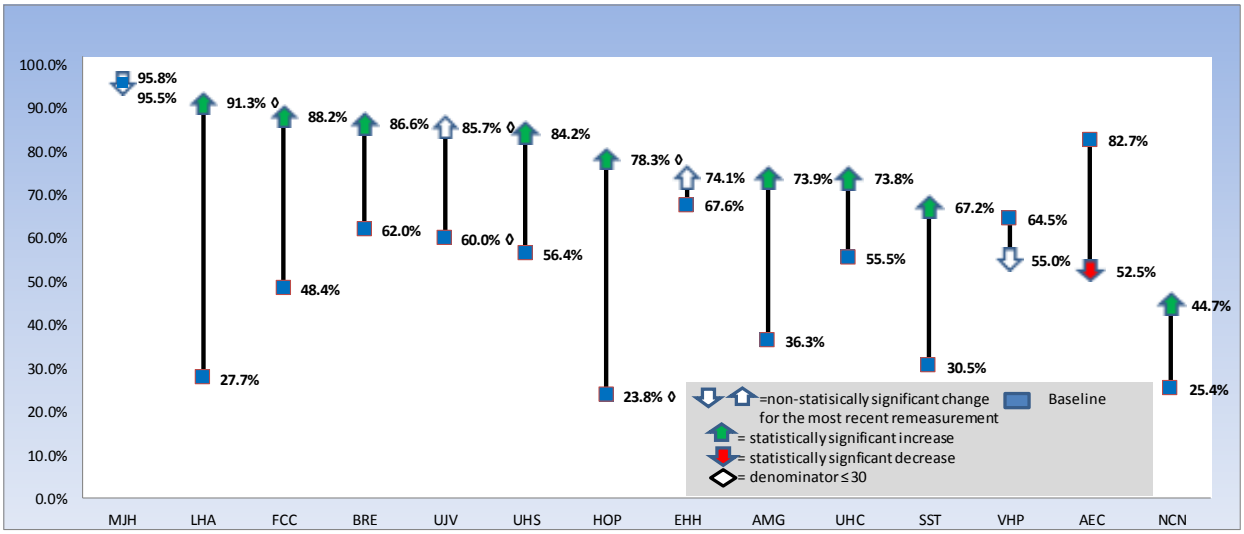
sustain the improvement. With an increase in the number of study indicators, a corresponding increase occurs in the difficulty of demonstrating improvement and sustaining that improvement.

Overall, the NHDP health plans' greatest opportunity for improvement occurred within Activities IX and X in which 29 and 46 percent of evaluation elements were scored *Met*, respectively. In addition, the data analysis score for Activity VIII (76 percent) demonstrates an opportunity for improvement for the NHDP health plans. Specifically, the NHDP health plans were challenged by conducting statistical significance testing to determine differences between measurement periods for study indicator rates, with only 26 percent of the NHDP health plans correctly calculating and reporting statistical significance.

NHDP Health Plans Collaborative PIP Study Indicator Results and Comparisons

Figure 3-18 displays the baseline and most recent remeasurement period rates by NHDP health plans for the *Timeliness of Services* collaborative PIP, Study Indicator 1a—*the percentage of eligible NHDP health plan members who received home health services, adult day health, or home delivered meals within 3 calendar days from the effective date of enrollment*. Study Indicators 2a (home health), 3a (adult day health) and 4a (home delivered meals) were not included in this report as Study Indicator 1a summarizes all three services.

Figure 3-18—NHDP Health Plans Collaborative *Timeliness of Services* Study Indicator 1a Results Through SFY 2012–2013



Fourteen NHDP health plans reported a combined total of 14 study indicators. All of the NHDP health plans reported study indicators with remeasurement rates. Nine out of 14 NHDP health plans demonstrated statistically significant improvement in the most recent remeasurement rates ranging from 44.7 percent to 91.3 percent for Study Indicator 1a. Miami Jewish Home and Hospital—Project Independence demonstrated the highest remeasurement rate for Study Indicator 1a at 95.5 percent, which was a slight decline from the baseline rate of 95.8 percent. All NHDP health plans except for Miami Jewish Home and Hospital—Project Independence, Coventry Health Care of Florida, Inc.—VISTA, and American Eldercare, Inc., demonstrated an improvement between the baseline rate and the most recent remeasurement for Study Indicator 1a. The greatest improvement

was documented by Little Havana Activities and Nutrition Centers, Inc., at 63.6 percentage points. The only statistically significant decrease was demonstrated by American Eldercare, Inc., which also documented the second lowest most recent remeasurement period rate of 52.5 percent.

Conclusions and Recommendations

The NHDP health plans achieved the highest collaborative PIP study indicator rates among any plan type for the *Timeliness of Services* PIP. The majority of the NHDP health plans had rates for Study Indicators 1a and 1b above 75 percent. For the non-collaborative PIPs, the study indicator rates demonstrated diverse results, with most study indicators above 50 percent compliance. Opportunity for improvement still exists with several NHDP health plans that had study indicator rates below 50 percent.

Considering the current activities related to the NHDP health plans' collaborative and non-collaborative PIPs, HSAG recommends the following:

AHCA/DOEA

- AHCA/DOEA, with HSAG's assistance, should identify a statewide goal or expected level of improvement for Study Indicators 1a and 1b for the collaborative.
- AHCA/DOEA should consider developing a strategy, in collaboration with HSAG, to determine criteria for PIP retirement and for requiring new PIP topics for the NHDP health plans transitioning to the Long-term Care program.

NHDP Health Plans

- HSAG recommends that the NHDP health plans ensure that the collaborative methodology is correctly documented in the PIP Summary Form. Additionally, the NHDP health plans should seek technical assistance as needed to facilitate the progression of the PIP.
- The NHDP health plans should accurately document Activity I through Activity X on their individual PIP Summary Forms.
- The NHDP health plans should document in the PIP Summary Form only the targeted interventions implemented to address the specific barriers identified.
- The NHDP health plans should contact HSAG for technical assistance on how to conduct statistical testing.
- The NHDP health plans should implement a method to study the efficacy of the interventions to determine which are most successful and which have not had the desired effect.

NHDP Follow-Up on Prior Year Recommendations

Based on the overall *Met* validation scores in all three stages of the PIP across all PIPs validated, the NHDP health plans appear to be addressing and incorporating some, but not all, of HSAG's feedback. For the Design stage, the NHDP health plans achieved a *Met* status for 90 percent of all evaluation elements SFY 2011–2012. This percentage improved to 96 percent in SFY 2012–2013. For the Implementation stage, the percentage improved from 76 percent in SFY 2011–2012 to 78 percent in SFY 2012–2013. Although the Outcomes stage *Met* scores improved from 38 percent to

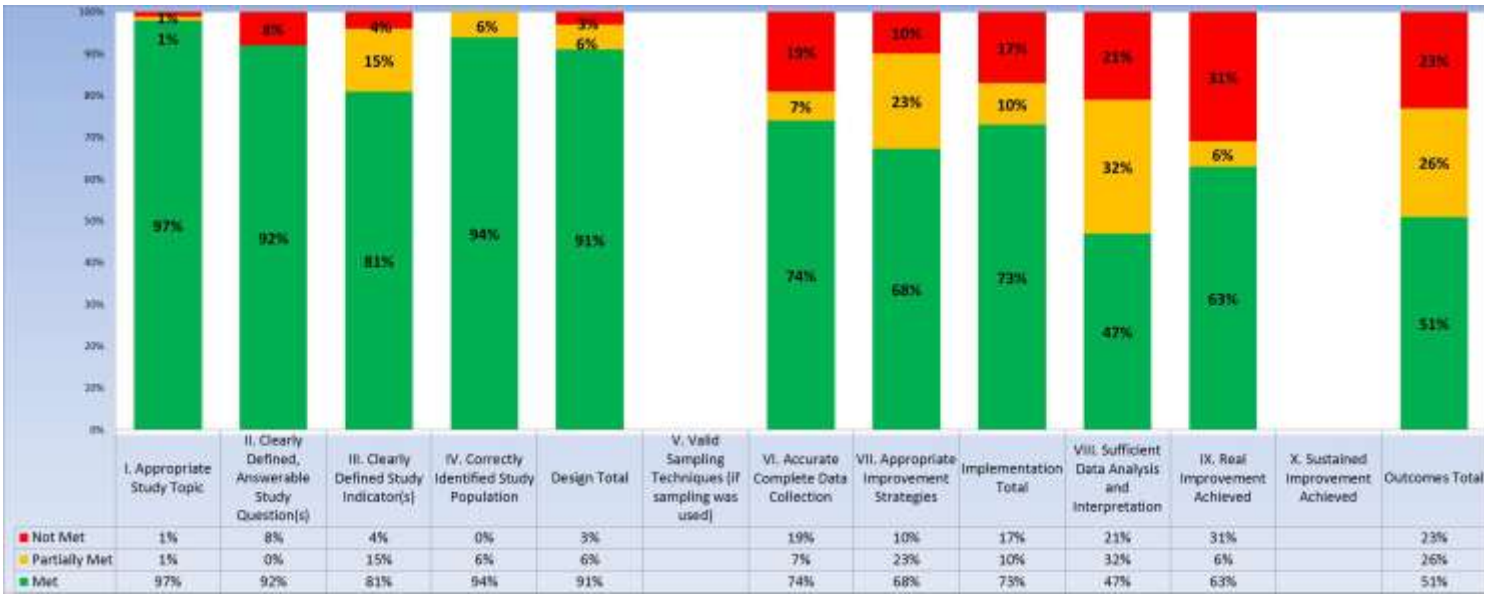
43 percent for the same time period, the low percentages indicate the NHDP health plans continue to have several opportunities for improvement. When recommendations related to quality improvement activities are not addressed, the results are reflected in the lack of achieving real and sustained improvement for study indicator outcomes.

SIPPs

SIPP Non-Collaborative PIP Validation Results

HSAG validated 13 SIPP non-collaborative PIPs for SFY 2012–2013. Figure 3-19 displays the percentage of evaluation elements achieving a *Met*, *Partially Met*, and *Not Met* validation score by activity and stage for the SFY 2012–2013 validation year. None of the SIPPs used sampling for the non-collaborative PIP, and none had progressed to completing Activity X; therefore, no data are presented for Activities V or X. Percentage totals may not equal 100 due to rounding.

Figure 3-19—SIPPs Non-Collaborative PIP Validation Scores by Activity and Study Stage



	I. Appropriate Study Topic	II. Clearly Defined, Answerable Study Question(s)	III. Clearly Defined Study Indicator(s)	IV. Correctly Identified Study Population	Design Total	V. Valid Sampling Techniques (if sampling was used)	VI. Accurate Complete Data Collection	VII. Appropriate Improvement Strategies	Implementation Total	VIII. Sufficient Data Analysis and Interpretation	IX. Real Improvement Achieved	X. Sustained Improvement Achieved	Outcomes Total
Not Met	1%	8%	4%	0%	3%		19%	10%	17%	21%	31%		23%
Partially Met	1%	0%	15%	6%	6%		7%	23%	10%	32%	6%		26%
Met	97%	92%	81%	94%	91%		74%	68%	73%	47%	63%		51%

The SIPPs designed scientifically sound non-collaborative PIPs that were supported by using key research principles, with 91 percent of the Design evaluation elements receiving a *Met* score. The lowest activity scores were for Activity III (study indicator) and Activity II (study question), which received scores of 81 percent and 92 percent, respectively. The technical design of the PIPs was sufficient to measure and monitor the outcomes associated with the SIPPs' improvement strategies. However, opportunity for improvement exists for this stage.

The overall percentage of evaluation elements receiving a *Met* score for the Implementation stage was 73 percent, which was lower than the Design stage. The activity scores ranged from 68 percent for interventions to 74 percent for data collection. Without the successful implementation of appropriate improvement strategies, the SIPPs cannot achieve improved outcomes. The interventions activity score indicates an opportunity for improvement for the SIPPs.

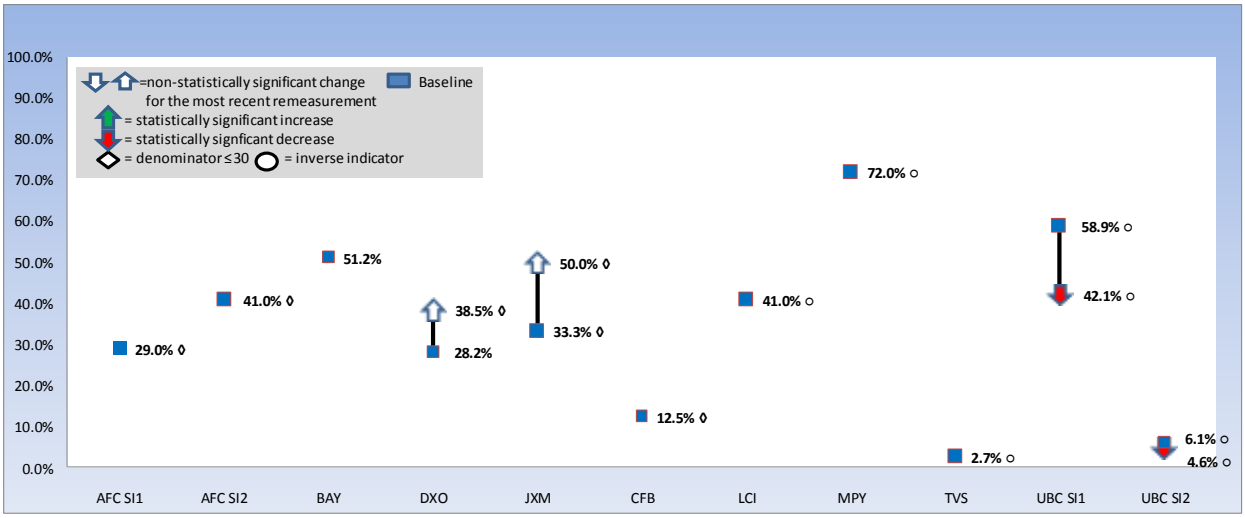
The Outcomes stage received the lowest overall score compared to the other study stages, with 51 percent of the evaluation elements receiving a *Met* score. Within this stage, the activity with the lowest score was data analysis (47 percent). Furthermore, none of the four PIPs that progressed through Activity VIII contained correctly documented statistical testing. The SIPPs were challenged by conducting statistical significance testing to determine study indicator differences between measurement periods. No PIPs had progressed to Activity X (sustained improvement).

The SIPPs' greatest opportunity for improvement occurred within Activities VIII and IX in which 47 and 63 percent of evaluation elements were scored *Met*, respectively. In addition, the score for Activity IX (63 percent) was linked to the score of 68 percent for Activity VII (interventions).

SIPP Non-Collaborative PIP Study Indicator Results and Comparisons

Figure 3-20 displays the baseline and most recent remeasurement period rates for the SIPP non-collaborative PIPs. For those PIPs with multiple study indicators, a study indicator identifier follows the plan name (i.e., SI1 for Study Indicator 1 and SI2 for Study Indicator 2).

Figure 3-20—SIPPs Non-Collaborative Study Indicator Results Through SFY 2012–2013

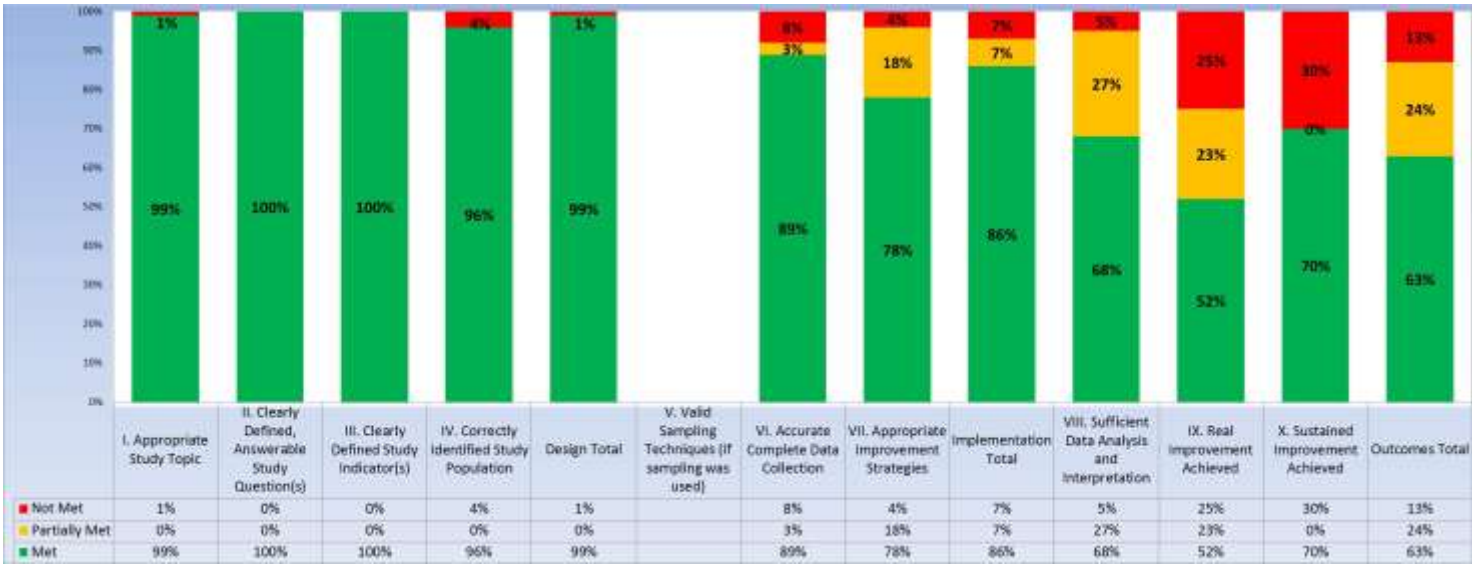


Nine SIPPs reported a combined total of 11 study indicators. Six SIPPs had only progressed to the point of reporting baseline data. Three SIPPs documented remeasurement rates, and two (Devereux Orlando and Jackson Memorial Hospital) demonstrated non-statistically significant improvement. University Behavioral Center demonstrated statistically significant improvement for both study indicators. Please note that these indicators were inverse indicators where lower rates equal better performance, and a statistically significant decline from baseline to the most recent remeasurement period is desirable.

SIPP Collaborative PIP Validation Results

HSAG validated 13 collaborative SIPP PIPs for SFY 2012–2013. Figure 3-21 displays the percentage of evaluation elements achieving a *Met*, *Partially Met*, and *Not Met* validation score by activity and stage for the SFY 2012–2013 validation year. None of the SIPPs used sampling for the collaborative PIP; therefore, no data are presented for Activity V.

Figure 3-21—SIPPs Collaborative *Seclusion and Restraints* PIP Validation Scores by Activity and Study Stage



	I. Appropriate Study Topic	II. Clearly Defined, Answerable Study Question(s)	III. Clearly Defined Study Indicator(s)	IV. Correctly Identified Study Population	Design Total	V. Valid Sampling Techniques (if sampling was used)	VI. Accurate Complete Data Collection	VII. Appropriate Improvement Strategies	Implementation Total	VIII. Sufficient Data Analysis and Interpretation	IX. Real Improvement Achieved	X. Sustained Improvement Achieved	Outcomes Total
Not Met	1%	0%	0%	4%	1%		8%	4%	7%	5%	25%	30%	13%
Partially Met	0%	0%	0%	0%	0%		3%	18%	7%	27%	23%	0%	24%
Met	99%	100%	100%	96%	99%		89%	78%	86%	68%	52%	70%	63%

Overall, the SIPPs designed scientifically sound collaborative PIPs that were supported by using key research principles, with 99 percent of the Design evaluation elements receiving a *Met* score. Activity I (study topic) and Activity IV (study population) received scores of 99 percent and 96 percent, respectively, while Activity II (study question) and Activity III (study indicator) received scores of 100 percent. The technical design of the PIPs was sufficient to measure and monitor the outcomes associated with the SIPPs' improvement strategies.

The overall percentage of evaluation elements receiving a *Met* score for the Implementation stage was 86 percent, which was lower than the Design stage. The activity scores ranged from 78 percent for interventions to 89 percent for data collection. Without the successful implementation of appropriate improvement strategies, the SIPPs cannot achieve improved outcomes. The Implementation stage demonstrates an opportunity for improvement for the SIPPs.

The Outcomes stage received the lowest overall score compared to the other study stages, with 63 percent of the evaluation elements receiving a *Met* score. Within this stage, the activity with the lowest score was Activity IX (real improvement) at 52 percent, which was the result of the SIPPs not achieving statistically significant improvement for their PIP study indicators. In addition, the SIPPs demonstrated difficulty with data analysis, with only 68 percent of the evaluation elements receiving a *Met* validation score. Similar to the NHDP health plans, the SIPPs were challenged by conducting statistical significance testing to determine differences between measurement periods

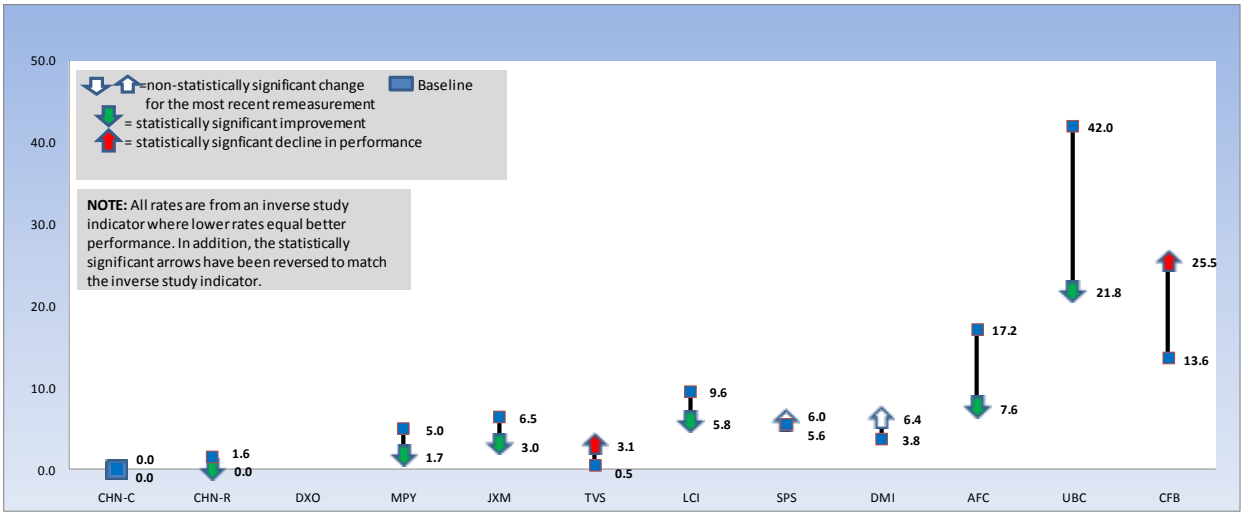
for study indicator rates, with only 25 percent of the SIPPs correctly calculating and reporting statistical significance.

Overall, the SIPPs' greatest opportunity for improvement occurred within Activities VIII and IX in which 68 and 52 percent of elements were scored *Met*, respectively. In addition, the score for Activity X (70 percent) represents an opportunity for improvement.

SIPP Collaborative PIP Study Indicator Results and Comparisons

Figure 3-22 displays the baseline and most recent remeasurement period rates by SIPPs for the *Seclusion and Restraints* collaborative PIP, Study Indicator 2—*the rate of seclusion use during the measurement year*. Note that within this figure, the directions of the arrows are reversed due to the inverse study indicators used in the *Seclusion and Restraints* collaborative PIP. A downward arrow indicates improvement while an upward arrow indicates a decline. Devereux Orlando did not use seclusion; therefore, no data are presented for this SIPP.

Figure 3-22—SIPPs Collaborative *Seclusion and Restraints* Study Indicator 2 *Seclusion* Results Through SFY 2012–2013



Twelve SIPPs reported a combined total of 11 study indicators. All of the SIPPs reported study indicators with remeasurement rates except for Devereux Orlando, which does not use seclusion and did not report seclusion rates. Six out of 11 SIPPs (55 percent) demonstrated statistically significant improvement from baseline to the most recent remeasurement period for Study Indicator 2. Citrus Health Network, Inc.—CATS and Citrus Health Network, Inc.—RITS demonstrated the lowest (lower is better for this indicator) remeasurement rate for Study Indicator 1 at zero seclusions per 1000 bed days. The greatest improvement was documented by University Behavioral Center at a reduction of 20.2 seclusions per 1000 bed days. Fifty percent, or two out of the four plans that documented an increase in rate (lower rate indicates better performance), demonstrated a statistically significant increase.

Conclusions and Recommendations

The SIPP collaborative PIP, *Seclusion and Restraints*, had progressed to collecting baseline and Remeasurement 2 results. Eight of the 12 SIPPs had improvement in restraint use from baseline to the most recent measurement period. For seclusion use, 55 percent of the SIPPs reported improvement. For both study indicators, an opportunity for improvement exists. For the non-collaborative PIPs, the study indicator rates demonstrated diverse results with many opportunities for improvement. The results for collaborative and non-collaborative PIPs indicate additional room for improvement.

Considering the current activities related to the SIPPs' collaborative and non-collaborative PIPs, HSAG recommends the following next steps:

AHCA

- AHCA, with HSAG's assistance, should identify a statewide goal or expected level of improvement for Study Indicators 1 and 2 for the collaborative PIP.
- With the transition to SMMC, the SIPPs will no longer be reporting PIPs. AHCA should consider developing a strategy, in collaboration with HSAG, to determine criteria for PIP retirement.

SIPPs

- The SIPPs should address all of the *Points of Clarification*, *Partially Met*, and *Not Met* score recommendations in their most recent PIP Validation Tool when updating their collaborative PIP Summary Form.
- The SIPP should revisit the causal/barrier analysis process, if the SIPPs did not demonstrate improvement in the second remeasurement.
- The SIPPs should document in the PIP Summary Form only the targeted interventions implemented to address the specific barriers identified.
- The SIPPs should document in the PIP Summary Form any subgroup analysis performed and the intervention evaluation results.
- The SIPPs should contact HSAG for technical guidance if additional assistance is needed with their collaborative PIP.
- The SIPPs should contact HSAG for technical assistance on how to conduct statistical testing.

SIPP Follow-Up on Prior Year Recommendations

Based on the overall *Met* validation scores in all three stages of the PIP for all PIPs validated, the SIPPs do not appear to be addressing and incorporating HSAG's feedback. For the Design stage, the SIPPs had 100 percent of all evaluation elements *Met* in SFY 2011–2012. This percentage declined to 97 percent in SFY 2012–2013. For the Implementation stage, the percentage declined from 100 percent to 79 percent in SFY 2012–2013; and in the Outcomes stage, the percentage declined from 100 percent to 75 percent. With the progression of the PIPs, the overall *Met* scores can decline; however, it was noted that some scores declined due to the lack of *Points of Clarification* being addressed by the SIPPs. As with the other MCO types, the area with the greatest lack of compliance for addressing HSAG recommendations was in conducting appropriate quality improvement

activities. Without appropriate quality improvement strategies, the SIPPs will find it challenging to achieve real improvement and sustain this improvement over time.

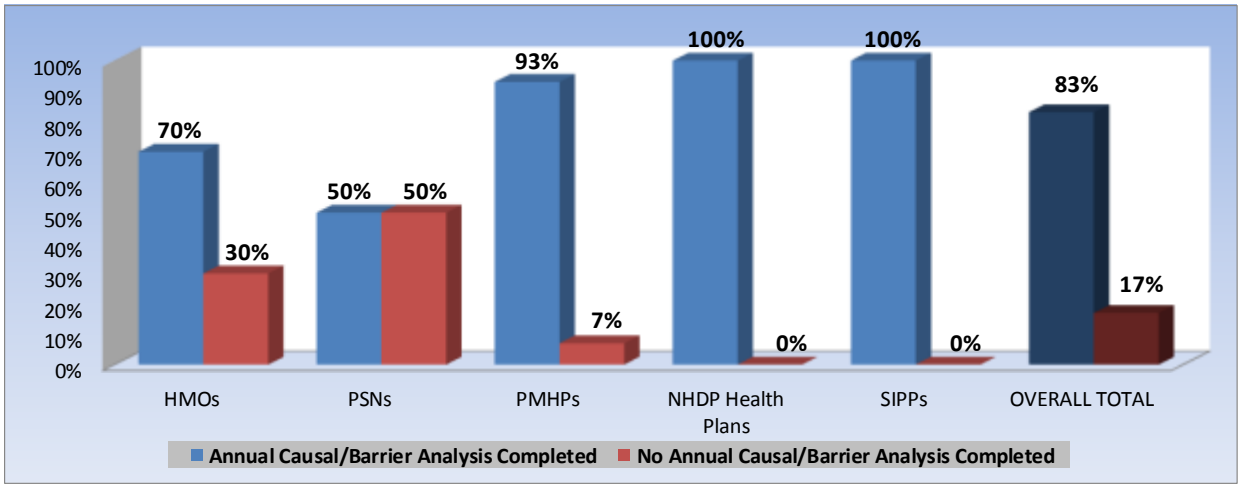
Notable Improvements Across All MCO Types

During the SFY 2012–2013 validation cycle, HSAG evaluated each MCO's PIP study indicator results and identified those MCOs with statistically significant improvement above baseline for all study indicators and whether that improvement was sustained. For MCOs that met these criteria, HSAG performed an in-depth analysis of the MCO's causal/barrier analysis and interventions, identifying those interventions that were notable improvements. Performing an annual causal/barrier analysis was a key component of the process to achieve desirable outcomes.

HSAG performed an analysis to show those MCOs that achieved statistically significant improvement above the baseline rate and whether the MCO peformed an annual causal/barrier analysis.

Figure 3-23 illustrates the percentage of MCOs' PIPs that demonstrated statistically significant improvement for all study indicators and whether the MCO completed an annual causal/barrier analysis. The results are presented for all MCOs as well as by MCO type. Both collaborative and non-collaborative PIPs were included by MCO type.

Figure 3-23—All MCO Types That Achieved Statistically Significant Improvement Above Baseline for All Study Indicators



Across all MCO types, except for the PSNs, there was a clear relationship between achieving statistically significant improvement and performing an annual causal/barrier analysis. Eighty-three percent of all PIPs that demonstrated statistically significant improvement for all study indicators were associated with an annual causal/barrier analysis performed by the MCO. For the NHDP health plans and SIPPs, 100 percent of their PIPs with statistically significant improvement also had annual causal/barrier analyses completed by the MCO. The PMHPs followed closely behind, with 93 percent of their PIPs demonstrating statistically significant improvement and the MCO having conducted a causal barrier analysis, while the HMOs had the second-lowest percent (70 percent).

The PSNs were the only plan type that did not demonstrate this correlation between statistically significant improvement and conducting an annual analysis. However, the rates were based on only two PIPs and should be interpreted with caution, as this relationship most likely would not exist and follow the general trend of all MCO types with more PSN PIPs being validated through Activity IX (real improvement) and X (sustained improvement).

Table 3-1 displays the plan type, MCO, study topic, notable intervention, and intervention type for PIPs that achieved statistically significant improvement above the baseline rate and sustained the improvement. All MCO types and PIPs were included in this analysis to determine notable interventions.

Table 3-1— Notable Interventions for All MCO Types That Achieved Statistically Significant Improvement Above Baseline for All Study Indicators

Plan Type	MCO	Study Topic	Notable Intervention Documented by the MCO	Intervention Type
CWPMHP	Community Based Care	*Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis (collaborative)*	Trained staff shadowed follow-up specialists, assessed strengths and areas where training was needed, tracked "bogus" appointments, and used bridge appointments to facilitate follow-up visits.	Provider/ Enrollee
PMHP	Community Based Care	*Biannual Submission of Child Functional Assessment Rating Scales (CFARS)(non-collaborative)*	Developed Web-based submission form for providers to submit functional assessment results.	Provider
PMHP	Jackson Health System/ Public Health Trust of Dade County (Area 11)	*Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis (collaborative)*	Employed bridge appointments to help facilitate the follow-up visit.	Provider/ Enrollee
SIPP	University Behavioral Center	*Seclusion & Restraints (collaborative)*	Held monthly "town hall" meetings that included students and staff.	Provider/ Enrollee
HMO	Amerigroup Community Care (Non-Reform)	*Well-Child Visits in the First 15 Months of Life—Six or More Visits (collaborative)*	Reorganized Provider Relations Team, created customized provider education and provider profile reports.	System

Five MCOs' PIPs demonstrated notable interventions—three PMHP PIPs, one SIPP PIP, and one HMO PIP. Two of the five notable interventions were related to the PMHPs' collaborative PIP,

where 92 percent of the PMHP collaborative PIPs reported statistically significant improvement above the baseline rate (see Figure 3-14). University Behavioral Center had the greatest improvement among the SIPPs, reducing seclusions by 58.9 per 1000 bed days and restraints by 20.2 per 1000 bed days (see Figure 3-20 and Figure 3-22). The types of successful interventions included several enrollee and provider interventions, as well as one system intervention.

None of the interventions implemented by the PSNs and NHDP health plans were deemed noteworthy interventions that could influence better quality, access to care, or health outcomes of the populations served or promote better processes within the MCO.

PDHPs

HSAG did not validate PIPs for the PDHPs in SFY 2012–2013.

Validation of Performance Measures

The Balanced Budget Act of 1997 (BBA) requires states to ensure that their contracted managed care organizations (MCOs) and prepaid inpatient health plans (PIHPs) collect and report performance measure data annually in accordance with 42 CFR 438.358. States can choose to directly perform the performance measure validation (PMV) activity mandated by CMS, or they can contract either with an agent that is not a managed care organization, or with an EQRO. AHCA contracted with HSAG to conduct the validation of performance measures for measures calculated and reported by MCOs and PIHPs for the calendar year (CY) 2012 measurement period.

HSAG's role in the validation of performance measures was to ensure that validation activities were conducted as outlined in the CMS publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 1, 2012[3-1] (CMS Performance Measure Validation Protocol). To determine if performance measure rates were collected, reported, and calculated according to the specifications required by the State, HSAG performed PMV audits for all Florida Medicaid NHDP health plans and PMHPs during state fiscal year (SFY) 2012–2013 and for all HMOs/PSNs (including both Reform and Non-Reform product lines[3-2]) and PDHPs during SFY 2013–2014. For a complete list of plan names, please see Appendix D. This section of the report includes the PMV audit findings and results for these MCOs. PMV activities were not conducted for SIPPs. Detailed PMV results may be found in the aggregate SFY 2013–2014 *Performance Measure Validation Findings Report* and *Performance Measure Validation Findings Report for the Prepaid Dental Health Plans.*

HMOs and PSNs

AHCA required that each HMO and PSN undergo an NCQA HEDIS Compliance Audit™[3-3] on the performance measures selected for reporting. These audits were performed by NCQA-licensed organizations (LOs) during SFY 2012–2013.

Table 3-2 depicts the HMO/PSN HEDIS and AHCA-defined performance measures that were subject to validation. The table is organized by domains, such as pediatric care and women's care.

Table 3-2—Florida Medicaid Non-Reform and Reform HMO/PSN Performance Measures

Measures by Domain (Full Measure Name and Abbreviation)	Measure Type
Pediatric Care	
Well-Child Visits in the First 15 Months of Life (W15)	HEDIS
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	HEDIS

[3-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html. Accessed on: Feb 19, 2013.

[3-2] Reform refers to Florida's Medicaid Reform Pilot Program, which operates under an 1115 Research and Demonstration Waiver approved by CMS.

[3-3] NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

Table 3-2—Florida Medicaid Non-Reform and Reform HMO/PSN Performance Measures	
Adolescent Well-Care Visits (AWC)	HEDIS
Lead Screening in Children (LSC)	HEDIS
Annual Dental Visit (ADV)	HEDIS
Childhood Immunization Status (Combinations 2 and 3) (CIS 2 and 3)	HEDIS
Immunizations for Adolescents (IMA)	HEDIS
Appropriate Testing for Children With Pharyngitis (CWP)	HEDIS
Follow-up Care for Children Prescribed ADHD Medication (ADD)	HEDIS
Women's Care	
Cervical Cancer Screening (CCS)	HEDIS
Chlamydia Screening in Women (CHL)	HEDIS
Breast Cancer Screening (BCS)	HEDIS
Prenatal and Postpartum Care (PPC)	HEDIS
Prenatal Care Frequency (PCF)	AHCA-defined
Living With Illness	
Comprehensive Diabetes Care (CDC)	HEDIS
Controlling High Blood Pressure (CBP)	HEDIS
Adult BMI Assessment (ABA)	HEDIS
Use of Appropriate Medications for People With Asthma (ASM)	HEDIS
Frequency of HIV Disease Monitoring Lab Tests (CD4) and (VL)	AHCA-defined
HIV-Related Medical Visits (HIVV)	AHCA-defined
Highly Active Anti-Retroviral Treatment (HAART)	AHCA-defined
Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy (ACE)	AHCA-defined
Lipid Profile Annually (LPA)	AHCA-defined
Use of Services	
Ambulatory Care (Outpatient and ED Visits per 1,000 MM) (AMB)	HEDIS
Access/Availability of Care	
Adults' Access to Preventive/Ambulatory Health Services (AAP)	HEDIS
Children and Adolescents' Access to Primary Care Practitioners (CAP)	HEDIS
Call Abandonment (CAB)	HEDIS[1]
Call Answer Timeliness (CAT)	HEDIS
Transportation Availability (TRA)	AHCA-defined
Transportation Timeliness (TRT)	AHCA-defined
Mental Health	
Follow-Up After Hospitalization for Mental Illness (FHM)	AHCA-defined
Antidepressant Medication Management (AMM)	HEDIS
Mental Health Readmission Rate (RER)	AHCA-defined
[1]This is a retired measure for HEDIS 2013. Nonetheless, plans were still required to report this measure to AHCA using CY 2012 data.	

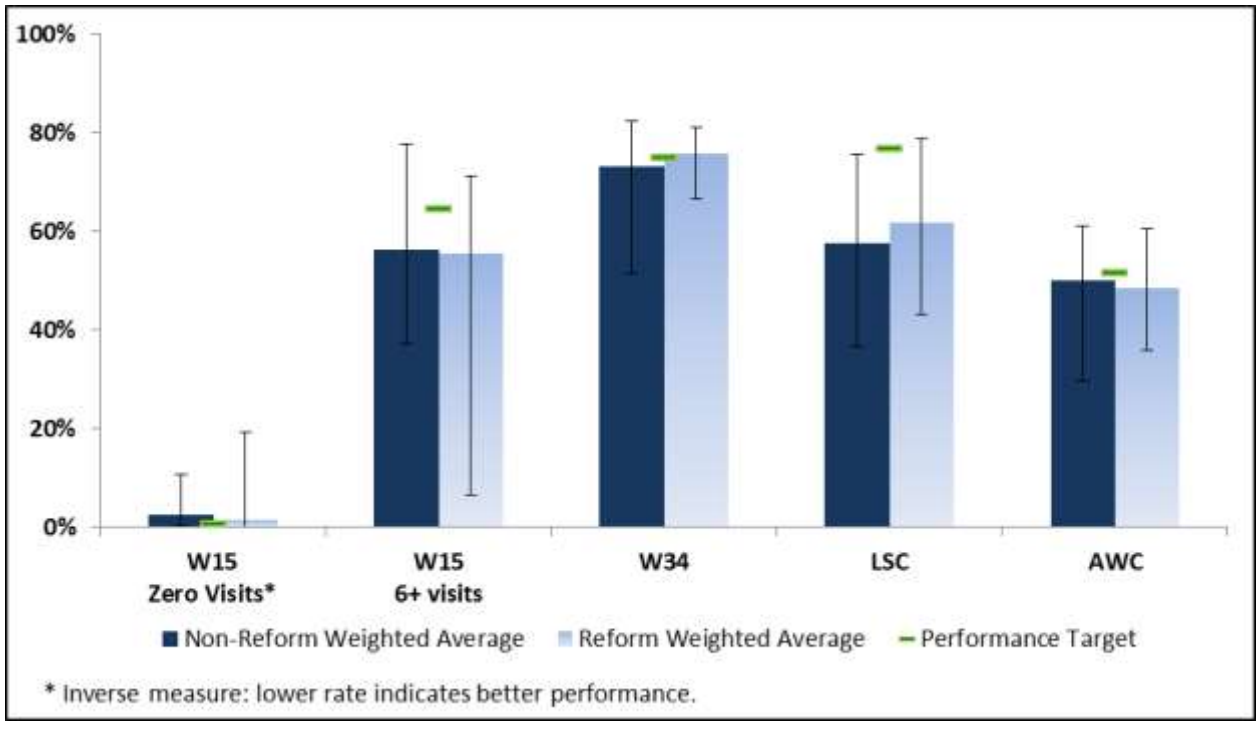
For this section of the report, performance measures, results, and MCO comparisons are discussed by domain of care. AHCA used HEDIS national Medicaid 75th percentiles to determine performance targets for most HEDIS measures.

Pediatric Care

Results

Figure 3-24 compares Non-Reform and Reform weighted averages for *Well-Child Visits in the First 15 Months of Life—Zero Visits* and *6+ Visits*, *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life*, *Lead Screening in Children*, and *Adolescent Well-Care Visits*. The *Well-Child Visits in the First 15 Months of Life—Zero Visits* measure was an inverse measure; a lower rate indicated better performance. All of these measures have corresponding AHCA performance targets, as indicated by the green horizontal bars in Figure 3-24. The vertical black line in each bar denotes the magnitude of performance rate variation among plans (i.e., a longer line suggests wider variation).

Figure 3-24—Florida Medicaid HEDIS 2013:
Weighted Average Compared With the AHCA Performance Target—Pediatric Care
(Well-Child Visits, Lead Screening, Adolescent Well-Care)

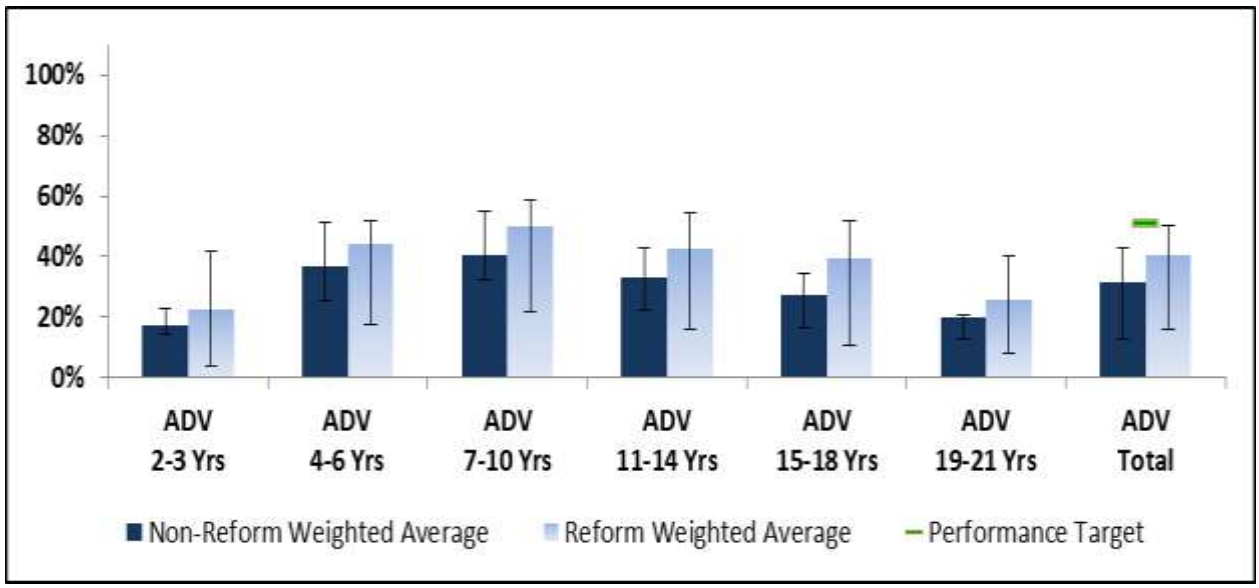


The only measure to meet the performance target (by weighted average) was *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life* for Reform plans. Although some plans' rates were higher than the performance targets, the weighted averages were not. The *Lead Screening in Children* measure showed the greatest potential for improvement when compared to its performance target. For this measure, the Reform weighted average was 14.77 percentage points lower than the

target, and the Non-Reform weighted average was 19.08 percentage points below the target. For all other measures, the weighted averages were within 10 percentage points below the target.

Figure 3-25 compares Non-Reform and Reform weighted averages for *Annual Dental Visit*, which includes seven indicators (i.e., *2–3 years, 4–6 years, 7–10 years, 11–14 years, 15–18 years, 19–21 years*, and *Total*). A performance target was available for the sum total, represented by the green horizontal bar in Figure 3-25, but not for specific age groups. The vertical black line in each bar denotes the magnitude of performance rate variation among plans (i.e., a longer line suggests wider variation).

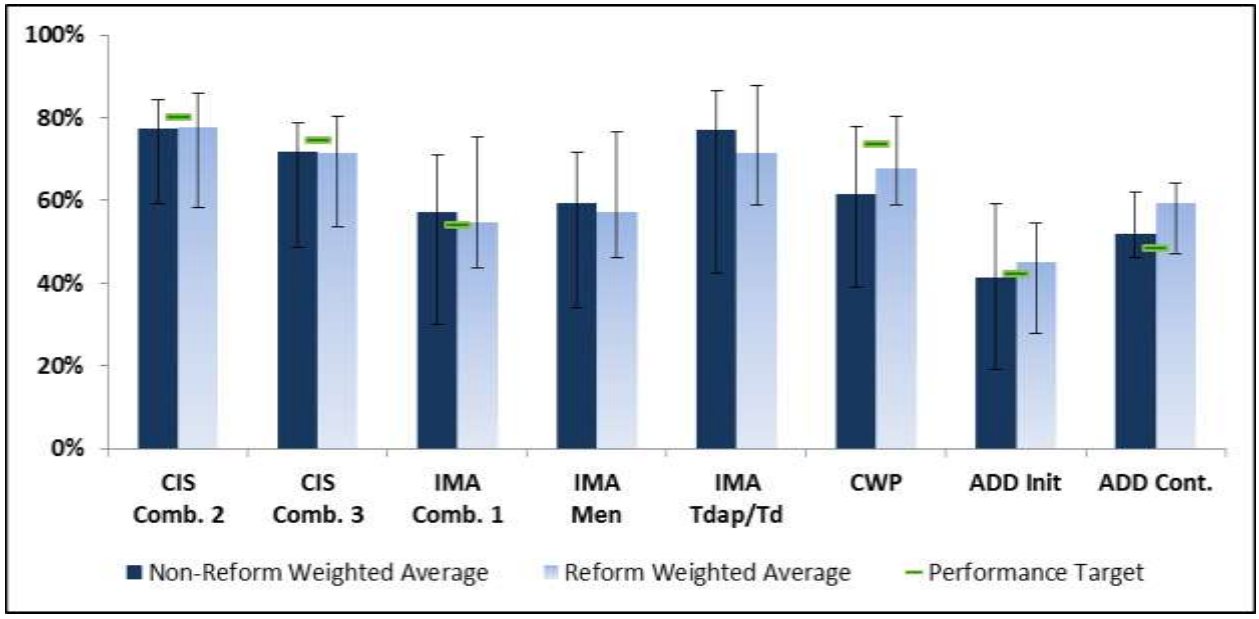
Figure 3-25—Florida Medicaid HEDIS 2013:
Weighted Average Compared With the AHCA Performance Target—Pediatric Care (Annual Dental Visit)



Neither the Reform nor Non-Reform weighted average met the performance target for *Annual Dental Visit—Total*. In addition, no individual plan rate in either category met the target; the highest individual plan rate was 0.29 percentage points below the target.

Figure 3-26 compares Non-Reform and Reform weighted averages for *Childhood Immunization Status (Combinations 2 and 3)*, *Immunizations for Adolescents (Combination 1, Meningococcal,* and *Tdap/Td*), *Appropriate Testing for Children With Pharyngitis*, and *Follow-up Care for Children Prescribed ADHD Medication* (*Initiation Phase* and *Continuation and Maintenance Phase*). Performance targets, indicated by the horizontal green bars in Figure 3-26, were available for all of these measures except the *Meningococcal* and *Tdap/Td* antigens under Immunizations for Adolescents domain. The vertical black line in each bar denotes the magnitude of performance rate variation among plans (i.e., a longer line suggests wider variation).

Figure 3-26—Florida Medicaid HEDIS 2013:
Weighted Average Compared With the AHCA Performance Target—Pediatric Care (Immunizations, Pharyngitis, ADHD Medication)



Non-Reform plans exceeded the performance target for *Immunizations for Adolescents—Combination 1* and *Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*. Reform plans exceeded the performance target for *Immunizations for Adolescents—Combination 1*, and both *Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase* and *Continuation and Maintenance Phase*.

MCO Comparison

Out of 22 Non-Reform plans, six (Freedom, Molina, Prestige, SFCCN, Simply Healthcare, and VISTA) reported more than one measure with rates at or above the 90th percentile, while five (Amerigroup, Buena Vista, Healthy PB, Staywell, and Sunshine) reported one measure whose rates were at or above the 90th percentile. Three of the Non-Reform plans (Medica, Simply Healthcare, and SFCCN) performed below the national average for all age groups for *Childhood Immunization Status* and *Immunizations for Adolescents* and two (Molina and Healthy PB) performed below the national average for all *Annual Dental Visit* age groups.

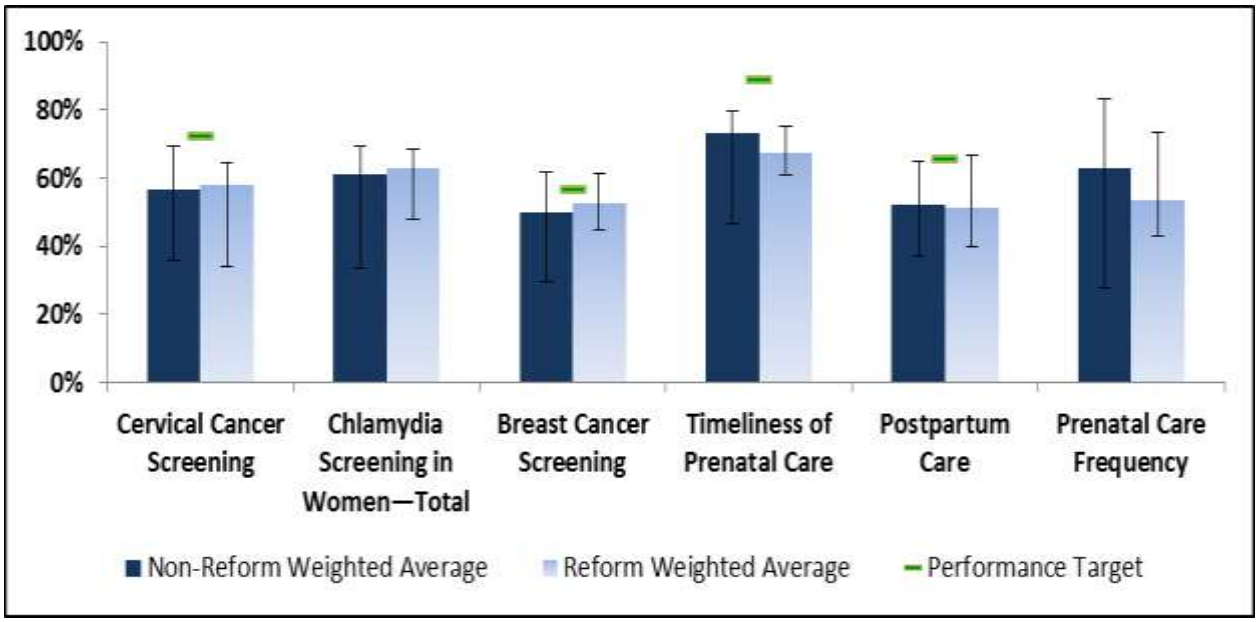
Out of 12 Reform plans, four (Better Health, CMS, Preferred Care, and Molina) reported more than one measure with rates at or above the 90th percentile, while three (Freedom, Sunshine, and United) reported at least one measure with rates at or above the 90th percentile. Two Reform plans (Medica and Sunshine) also performed below the national average for all *Annual Dental Visit* age groups.

Women's Care

Results

Figure 3-27 compares Non-Reform and Reform weighted averages for *Cervical Cancer Screening*, *Chlamydia Screening in Women—Total*, *Breast Cancer Screening*, *Timeliness of Prenatal Care*, *Postpartum Care*, and *Prenatal Care Frequency*. AHCA performance targets, indicated by the horizontal green bars in Figure 3-27, were available for all measures except *Chlamydia Screening in Women—Total* and *Prenatal Care Frequency*. The vertical black line in each bar denotes the magnitude of performance rate variation among plans (i.e., a longer line suggests wider variation).

Figure 3-27—Florida Medicaid HEDIS 2013:
Weighted Average Compared With the AHCA Performance Target—Women's Care



Both Non-Reform and Reform plans performed below the AHCA performance targets for each of the measures in this domain. Non-Reform plans reported higher rates for *Timeliness of Prenatal Care*, *Postpartum Care*, and *Prenatal Care Frequency*, while Reform plans reported higher rates than the Non-Reform plans for *Cervical Cancer Screening*, *Chlamydia Screening in Women—Total*, and *Breast Cancer Screening*.

MCO Comparison

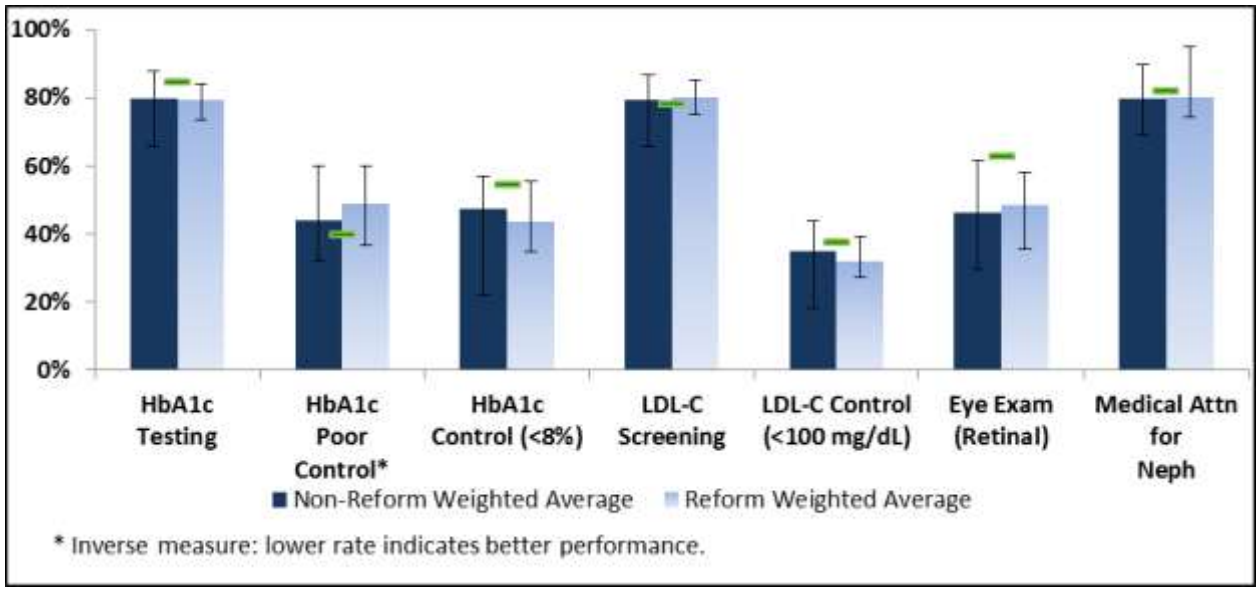
Out of 22 Non-Reform plans, one plan (Healthy PB) reported more than one measure with rates at or above the 90th percentile, while four (Amerigroup, Buena Vista, Preferred, and Molina) reported one measure with rates at or above the 90th percentile. Out of 12 Reform plans, one plan (Molina) reported a rate for one measure above the 90th percentile.

Living With Illness

Results

Figure 3-28 displays results for the *Comprehensive Diabetes Care* measure, which includes indicators for *HbA1c Testing*, *HbA1c Poor Control*, *HbA1c Control (<8%)*, *LDL-C Screening*, *LDL-C Control (<100 mg/dL)*, *Eye Exam (Retinal) Performed*, and *Medical Attention for Nephropathy*. *Comprehensive Diabetes Care—HbA1c Poor Control* is an inverse measure; a lower rate indicates better performance. Performance targets are indicated by the horizontal green bars. The vertical black line in each bar denotes the magnitude of performance rate variation among plans (i.e., a longer line suggests wider variation).

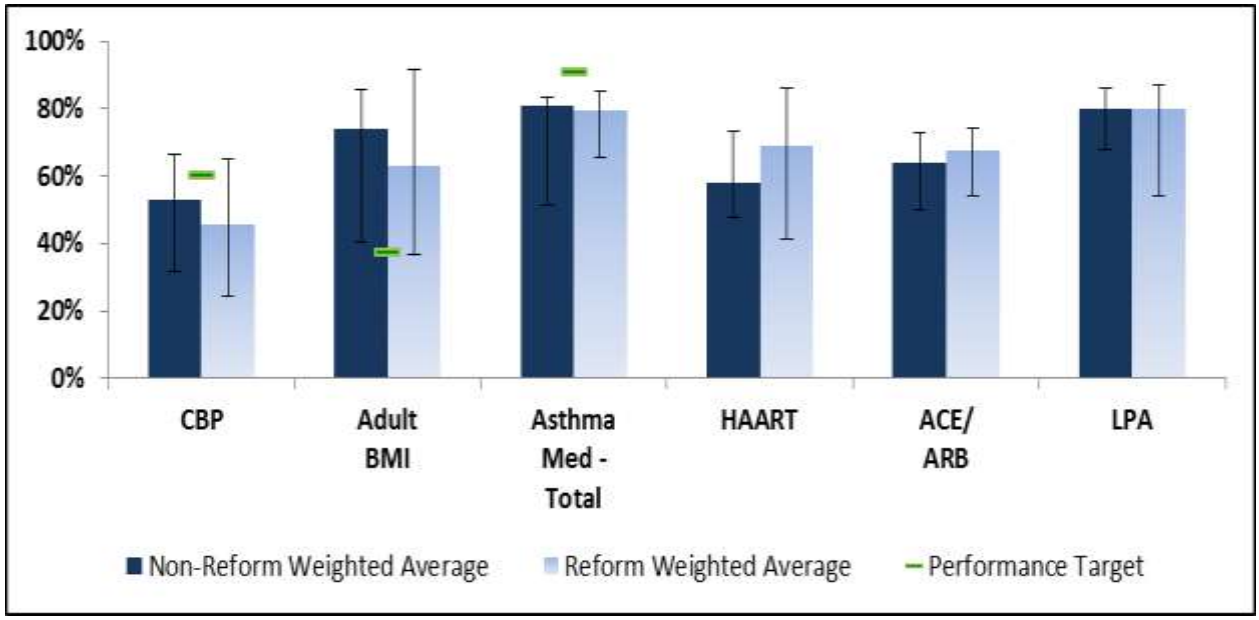
Figure 3-28—Florida Medicaid HEDIS 2013:
Weighted Average Compared With the AHCA Performance Target—Living With Illness (Comprehensive Diabetes Care)



Statewide performance exceeded the AHCA targets on one measure for both Reform and Non-Reform plans (*Comprehensive Diabetes Care—LDL-C Screening*). Non-Reform plans performed better than Reform plans for *Comprehensive Diabetes Care—HbA1c Testing*, *HbA1c Poor Control*, *HbA1c Control (<8%)*, and *LDL-C Control (<100 mg/dL)*.

Figure 3-29 displays results for the other Living With Illness measures, including *Controlling High Blood Pressure, Adult BMI Assessment, Use of Appropriate Medications for People With Asthma—Total, Highly Active Anti-Retroviral Treatment, Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy*, and *Lipid Profile Annually*. AHCA performance targets, as indicated by the horizontal green bars in Figure 3-29, were not available for the *Highly Active Anti-Retroviral Treatment, Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy, and Lipid Profile Annually* measures. The vertical black line in each bar denotes the magnitude of performance rate variation among plans (i.e., a longer line suggests wider variation).

Figure 3-29—Florida Medicaid HEDIS 2013:
Weighted Average Compared With the AHCA Performance Target—Living With Illness (Other Measures)



Statewide performance for both Non-Reform and Reform plans exceeded the AHCA target on one measure (*Adult BMI Assessment*). Non-Reform plans' rates were higher than Reform plans' rates in four measures (*Controlling High Blood Pressure; Adult BMI Assessment; Use of Appropriate Medications for People With Asthma—Total;* and *Lipid Profile Annually*). Reform plans' rates were higher than Non-Reform plans' rates in two measures—*Highly Active Anti-Retroviral Treatment* and *Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy*.

MCO Comparison

Out of 22 Non-Reform plans, four (Amerigroup, Humana, SFCCN, and VISTA) reported more than one measure with rates at or above the 90th percentile, while four (Integral, Medica, Prestige, and Staywell) reported one measure with rates at or above the 90th percentile. Three Non-Reform plans (HealthEase, SFCCN, and United) performed below the national average for all age groups for the *Use of Appropriate Medication for Asthma* measure.

Out of 12 Reform plans, two (Better Health and Preferred Care) reported more than one measure with rates at or above the 90th percentile, while three (First Coast, Humana, and Positive) reported one measure with rates at or above the 90th percentile. One Reform plan (Sunshine) performed below the national average for all age groups for the *Use of Appropriate Medication for Asthma* measure.

Use of Services

Results

The Use of Services domain consisted of two utilization measures, both under *Ambulatory Care* (*Outpatient Visits* per 1,000 member months and *ED Visits* per 1,000 member months). Use of Services data are descriptive and are used to monitor patterns of utilization over time. Assessment of utilization should be based on the characteristics of the plan's population and service delivery model. Table 3-3 shows HEDIS 2013 plan-specific performance measure rates related to the Use of Services domain.

Table 3-3—HEDIS 2013 Plan Results for the Ambulatory Care Measure, Non-Reform Versus Reform Plans

	Outpatient Visits Per 1,000 Member Months		ED Visits Per 1,000 Member Months	
Health Plan	Non-Reform Plans	Reform Plans	Non-Reform Plans	Reform Plans
Amerigroup	274.38		64.82	
Better Health	243.95	414.64	84.92	78.19
Buena Vista	256.56		70.19	
Clear Health Alliance	309.86		191.46	
CMS		551.47		72.09
First Coast		315.04		79.73
First Coast Central	269.51		97.10	
Freedom	233.91	297.32	63.85	71.11
HealthEase	280.51		72.94	
Healthy PB	316.48		54.19	
Humana	335.68	339.26	55.52	62.31
Integral	221.02		63.86	
Medica	195.74	238.64	46.17	63.73
Molina	273.30	343.20	61.18	67.49
Positive	205.13	581.51	111.11	99.27
Preferred	181.55	247.71	49.11	77.23

Table 3-3—HEDIS 2013 Plan Results for the Ambulatory Care Measure, Non-Reform Versus Reform Plans				
	Outpatient Visits Per 1,000 Member Months		ED Visits Per 1,000 Member Months	
Health Plan	Non-Reform Plans	Reform Plans	Non-Reform Plans	Reform Plans
Preferred Care	200.86		58.17	
Prestige	235.74		69.69	
SFCCN	395.26	340.15	64.54	66.71
Simply Healthcare	276.09	232.09	67.74	92.84
Staywell	331.60		66.91	
Sunshine	266.90	303.46	67.33	63.04
United	315.12	355.86	70.16	65.65
VISTA	324.70		55.55	
National HEDIS 2012 Medicaid 50th Percentile	347.76	347.76	63.15	63.15
2013 Florida Weighted Average	286.37	336.97	66.69	70.29
2012 Florida Weighted Average	276.57	328.47	62.24	65.54
2011 Florida Weighted Average	285.55	325.24	61.12	65.87

The *Ambulatory Care—Outpatient Visits* weighted averages for both Non-Reform and Reform plans were below the national Medicaid 50th percentile. The Non-Reform weighted average (286.37) was also lower than the Reform weighted average of 336.97 outpatient visits per 1,000 member months.

The *Ambulatory Care—ED Visits* weighted averages for both Non-Reform and Reform plans were above the national Medicaid 50th percentile of 63.15 ED visits per 1,000 member months. The weighted average for the Non-Reform plans (66.69 visits) was lower than that for the Reform plans (70.29 visits).

MCO Comparison

For the *Ambulatory Care—Outpatient Visits* measure, the Non-Reform plan rates ranged from 181.55 to 395.26 outpatient visits per 1,000 member months. One plan (SFCCN) reported a rate above the national HEDIS 2012 Medicaid 50th percentile of 347.76 outpatient visits per 1,000 member months. The Reform plan rates ranged from 232.09 to 581.51 outpatient visits per 1,000 member months. Four plans reported rates above the national HEDIS 2012 Medicaid 50th percentile of 347.76 outpatient visits per 1,000 member months. Positive—a Reform plan—reported the highest rate for *Ambulatory Care—Outpatient Visits per 1000 MM*.

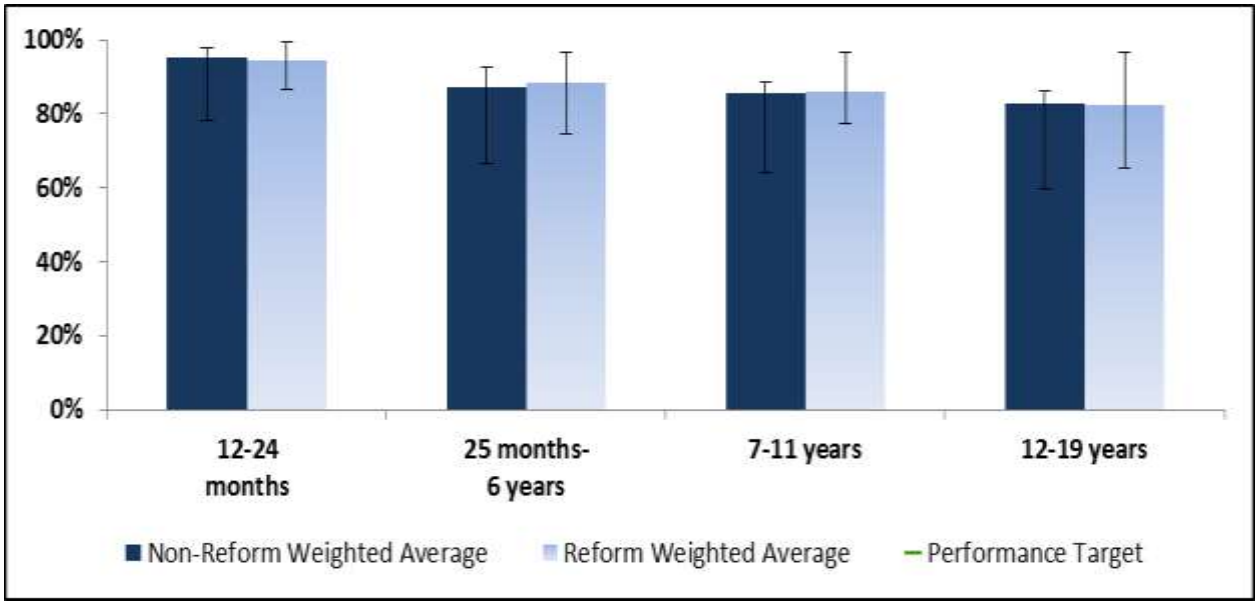
For the *Ambulatory Care—ED Visits* measure, the Non-Reform plan rates ranged from 46.17 to 191.46 ED visits per 1,000 member months. Fifteen plans reported rates above the national HEDIS 2012 Medicaid 50th percentile of 63.15 ED visits per 1,000 member months. The Reform plan rates ranged from 62.31 to 99.27 ED visits per 1,000 member months. Eleven plans reported rates above the national HEDIS 2012 Medicaid 50th percentile of 63.15 ED visits per 1,000 member months. Medica—a Non-Reform plan—reported the lowest rate for *Ambulatory Care—ED Visits per 1000 MM*.

Access to Care

Results

Figure 3-30 compares Non-Reform and Reform weighted averages for *Children and Adolescents' Access to Primary Care Practitioners*, which consisted of indicators for four age groups (i.e., 12–24 months, 25 months–6 years, 7–11 years, 12–19 years). No AHCA performance targets were available for these measures. The vertical black line in each bar denotes the magnitude of performance rate variation among plans (i.e., a longer line suggests wider variation).

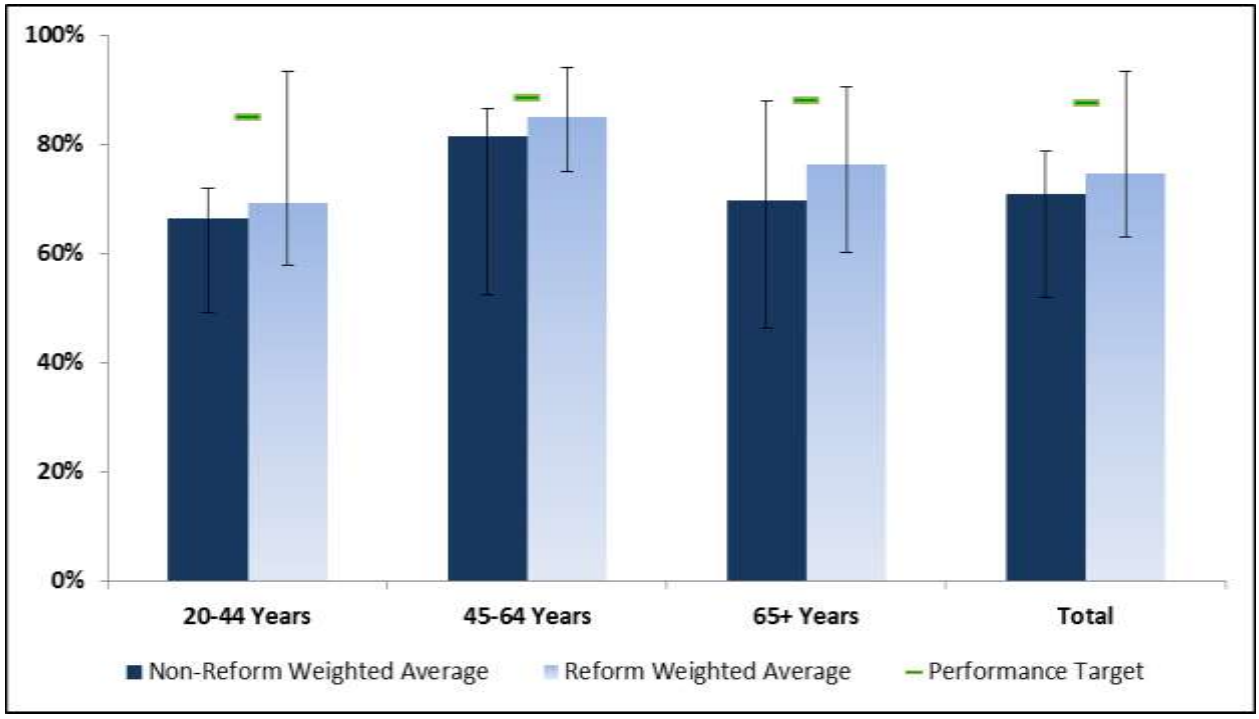
Figure 3-30—Florida Medicaid HEDIS 2013:
Weighted Average Compared With the AHCA Performance Target—Access to Care (Children and Adolescents' Access to Primary Care Practitioners)



Non-Reform plans performed better than Reform plans in two age groups of the *Children and Adolescents' Access to Primary Care Practitioners (12–24 Months* and *12–19 Years),* while Reform plans performed better than Non-Reform plans in the *25 Months–6 Years* and *7–11 Years* age groups.

Figure 3-31 compares Non-Reform and Reform weighted averages for *Adults' Access to Preventive/Ambulatory Health Services*, which includes three age groups (*20-44 Years, 45-64 years, and 65+ Years*) and *Total*. AHCA performance targets, indicated by the horizontal green bars in Figure 3-8, were available for all these measures. The vertical black line in each bar denotes the magnitude of performance rate variation among plans (i.e., a longer line suggests wider variation).

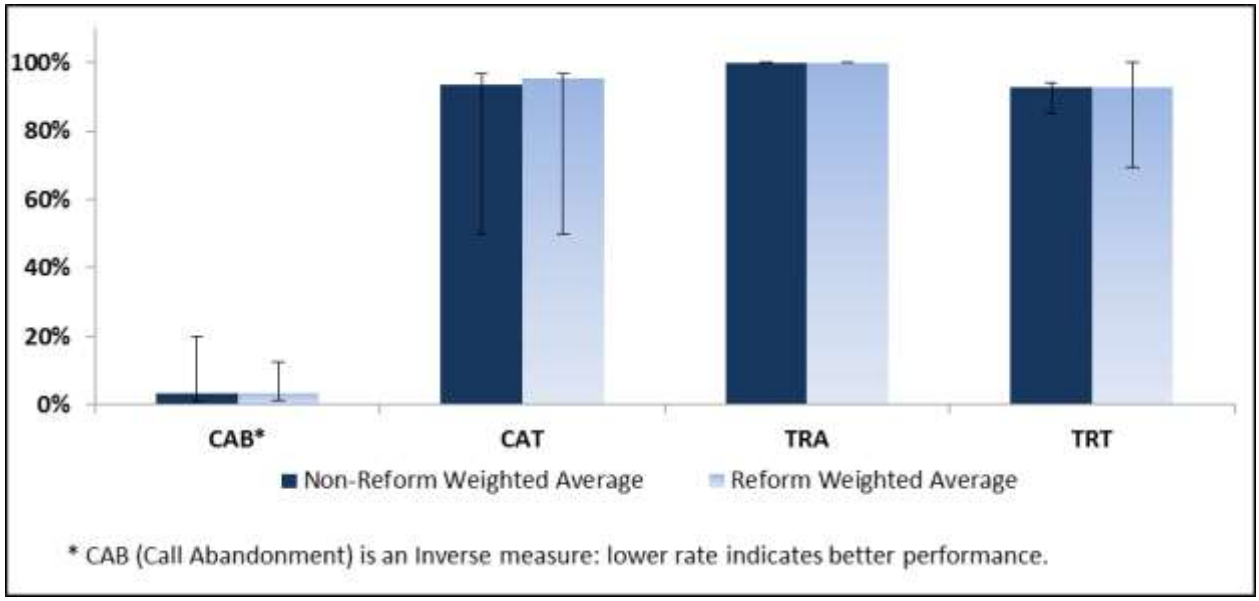
Figure 3-31—Florida Medicaid HEDIS 2013:
Weighted Average Compared With the AHCA Performance Target—Access to Care (Adults' Access to Preventive/Ambulatory Health Services)



Although the rates for many individual plans were higher than the performance target, both Non-Reform and Reform weighted averages for all the measures were below the AHCA performance target. Reform plans performed higher than Non-Reform plans in all measures.

Figure 3-32 compares Non-Reform and Reform weighted averages for *Call Abandonment*, *Call Answer Timeliness*, *Transportation Availability*, and *Transportation Timeliness*. *Call Abandonment* is an inverse measure; a lower rate indicates better performance. No AHCA performance targets were available for these measures. The vertical black line in each bar denotes the magnitude of performance rate variation among plans (i.e., a longer line suggests wider variation).

Figure 3-32—Florida Medicaid HEDIS 2013:
Weighted Average Compared With the AHCA Performance Target—Access to Care (Calls and Transport)



Non-Reform plans performed better than Reform plans in *Call Abandonment* and *Transportation Timeliness*. Reform plans performed higher than Non-Reform plans in the *Call Answer Timeliness* measure. Non-Reform and Reform plans reported 100 percent for the *Transportation Availability* measure.

MCO Comparison

Out of 22 Non-Reform plans, five (First Coast Central, Humana, Positive, Preferred, and Sunshine) reported one measure with rates at or above the 90th percentile. Six Non-Reform plans (Medica, Molina, HealthEase, Preferred, Prestige, and Sunshine) performed below the national average for all age groups for the *Adults' Access to Preventive/Ambulatory Services* measure.

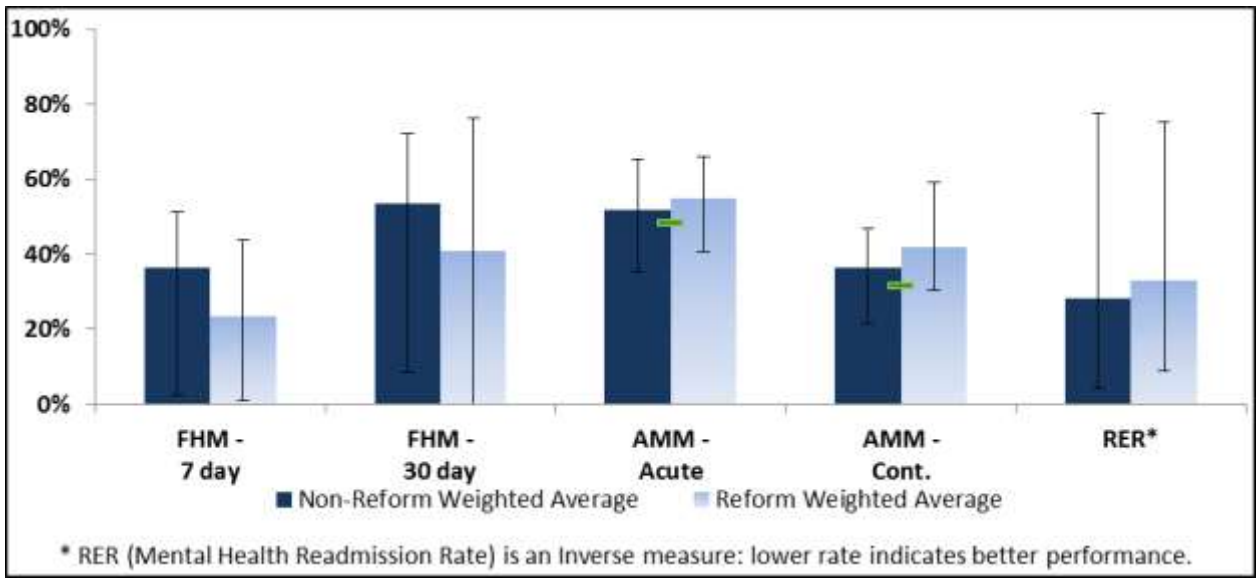
Out of 12 Reform plans, one plan (Positive) reported more than one measure with rates at or above the 90th percentile, while three (First Coast, Humana, and Sunshine) reported one measure with rates at or above the 90th percentile. One plan (Medica) performed below the national average for all age groups for the *Adults' Access to Preventive/Ambulatory Services* measure.

Mental Health

Results

Figure 3-33 compares Non-Reform and Reform weighted averages for *Follow-Up After Hospitalization for Mental Illness* (*7-Day* and *30-Day*), *Antidepressant Medication Management* (*Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*), and *Mental Health Readmission Rate*. *Mental Health Readmission Rate* is an inverse measure; a lower rate indicates better performance. AHCA performance targets, indicated by the horizontal green bars in Figure 3-33, were available for the two indicators under the *Antidepressant Medication Management* measure. The vertical black line in each bar denotes the magnitude of performance rate variation among plans (i.e., a longer line suggests wider variation).

Figure 3-33—Florida Medicaid HEDIS 2013:
Weighted Average Compared With the AHCA Performance Target—Mental Health



Both Non-Reform and Reform plans exceeded AHCA performance targets for the two measures with performance targets (*Antidepressant Medication Management—Effective Acute Phase Treatment* and *Antidepressant Medication Management—Effective Continuation Phase Treatment*). Non-Reform plans performed better than Reform plans in three of the five Mental Health domain measures (*Follow-Up After Hospitalization for Mental Illness—7-Day* and *30-Day*, and *Mental Health Readmission Rate*). Reform plans performed better than Non-Reform plans in two of the five Mental Health measures (*Antidepressant Medication Management—Effective Acute Phase Treatment* and *Antidepressant Medication Management—Effective Continuation Phase Treatment*).

MCO Comparison

Out of 22 Non-Reform plans, two (Prestige and VISTA) reported one measure with rates at or above the 90th percentile, and out of 12 Reform Plans, two (Better Health and First Coast) reported more than one measure with rates at or above the 90th percentile.

Conclusions and Recommendations

During SFY 2012–2013, HMOs/PSNs were required to undergo an NCQA HEDIS Compliance Audit for the performance measures they were contracted to report to AHCA. Based on the final audit statements and supporting documents submitted for HSAG's PMV, all HMOs/PSNs were fully compliant with six of the seven HEDIS IS Standards. All but one PSN was compliant with IS 4.2 (part of IS 4.0 Standard related to Training, Sampling, Abstraction, and Oversight of the Medical Record Review Process) because of an erroneous data sampling and abstraction process. Nonetheless, since the impacted measures were of the Medicare Advantage Special Needs Plan product and not the Medicaid product, the PSN's medical record data were sufficient for Medicaid HEDIS and performance measure reporting.

The performance measures reported by the HMOs/PSNs were grouped into six domains (i.e., Pediatric Care, Women's Care, Living With Illness, Access to Care, Use of Services, and Mental Health). Plan performance varied widely in these domains.

Under the Pediatric Care domain, Reform plans in general performed better than Non-Reform plans for a majority of the measures. Reform plans also had more measures exceeding the performance target than Non-Reform plans (four compared to two). Both Non-Reform and Reform plans reported statistically significant improvement in *Immunizations for Adolescents (Meningococcal* for Non-Reform plans only*), Appropriate Testing for Children with Pharyngitis*, and *Annual Dental Visit* for all age groups.

Reform and Non-Reform plan performance was split in the Women's Care domain, where Non-Reform plans performed better on pregnancy-related measures and Reform plans performed better on all screening measures. No Women's Care measures achieved the AHCA performance targets. Most of the measures in this domain showed modest changes from HEDIS 2012, with one measure (*Breast Cancer Screening*) reporting a statistically significant increase for Non-Reform plans and one (*Timeliness of Prenatal Care*) a statistically significant decline for Reform plans.

Under the Living With Illness domain, both Non-Reform and Reform plans performed above the AHCA targets on two measures (*Comprehensive Diabetes Care—LDL-C Screening* and *Adult BMI Assessment*). Non-Reform plans' rates were higher than Reform plans' rates for the majority of the measures. Non-Reform plans also reported statistically significant improvements in 10 measures from HEDIS 2012. On the other hand, the Reform plans reported statistically significant improvement in only one measure but reported declines in five measures.

Statewide rates for the two Use of Services measures showed comparable increase from HEDIS 2012 for both Non-Reform and Reform plans. Plan variations were wider in outpatient visits than in ED visits. In general, both Non-Reform and Reform plans had fewer outpatient visits and more ED visits when compared to national averages.

In the Access to Care domain, none of the Reform and Non-Reform plans' rates were higher than the AHCA performance target. Nonetheless, Reform plans performed slightly better than Non-Reform plans in seven of the 12 measures in this domain. Non-Reform plans demonstrated statistically significant improvement in more measures than the Reform plans (seven compared to

four). Two measures (*Call Abandonment* and *Transportation Timeliness*) were noted to have statistically significant decline in performance for the Reform plans.

Under the Mental Health domain, both Non-Reform and Reform plans exceeded AHCA performance targets for the two measures with targets. Non-Reform plans performed better than Reform plans in three of the five Mental Health measures. However, Non-Reform plans reported statistically significant decline in performance from HEDIS 2012 for two measures, as opposed to one measure by the Reform plans.

Based on these findings, HSAG offered the following recommendations to the HMOs/PSNs:

- HMOs/PSNs should follow their HEDIS auditors' recommendations to ensure that adequate resources are available for the next HEDIS reporting season, including development of a sound project plan with key dates for HEDIS 2014 reporting, starting the medical record abstraction as early as possible, and performing a high level interrater review with oversight of the medical record abstraction process.
- The HMOs/PSNs should ensure that all staff members involved in preparing the supplemental data for HEDIS 2014 reporting meet the required timeline and include appropriate proof-of-service documents for auditors' reviews, since NCQA has provided new guidelines for collecting and using supplemental data for HEDIS 2014.
- HMOs/PSNs should focus their efforts to improve measures whose rates were at least 10 percentage points below the AHCA performance target. These measures include *Lead Screening in Children, Annual Dental Visit, Cervical Cancer Screening, Prenatal and Postpartum Care,* and *Comprehensive Diabetes Care—Eye Exam Performed*. For both Non-Reform and Reform plans, although statewide averages reveal significant improvements in several performance measures, performance for a majority of the measures reflected minor changes from the prior year.
- The HMOs/PSNs should continue to ensure that their auditors are aware of AHCA's specific reporting requirements as listed in the Health Plan Report Guide and are responsible for validating the Performance Measure Report. HMOs/PSNs should consider including the penalty associated with failure to perform this task satisfactorily in their contracts with LOs.

Follow-Up From Last Year's Recommendations

HSAG listed two recommendations from SFY 2012–2013 PMV. First, HSAG recommended that the HMOs and PSNs manage and monitor their medical record reporting timelines. Since NCQA instituted new medical record validation procedures and requirements, all HMOs/PSNs were required to modify their medical record abstraction processes to allow timely validations to be conducted by their auditors. The plans' FARs showed that the auditors did note that some plans had challenges in meeting these new requirements. Nonetheless, the plans were able to correct their errors in time for measure reporting. This suggests that, to a large extent, the HMOs and PSNs had considered and implemented this recommendation.

A second recommendation was related to requiring HMOs/PSNs to ensure that they enforce AHCA's requirement to have the auditor validate the Performance Measure Report. If the

Interactive Data Submission System (IDSS) is used, the rates, including numerators and denominators, should match between the data files. Although all the HMOs and PSNs submitted certification reports to AHCA attesting the validity of the Performance Measure Report, HSAG continued to find data entry errors and discrepancies in audit designation between the Performance Measure Reports and the certification reports. While the HMOs and PSNs might have considered or started to implement this recommendation, they should increase their oversight of auditors' validation of the Performance Measure Report.

PMHPs/CWPMHP

For CY 2012, the PMHPs (including the child welfare prepaid mental health plan [CWPMHP]) were required to report rates for three performance measures. AHCA required all PMHPs to undergo a PMV process conducted by HSAG according to the CMS protocol. During SFY 2012–2013, HSAG conducted PMV audits on five PMHPs and the CWPMHP for three agency-defined performance measures required by AHCA (Table 3-4). All measures were calculated by the PMHPs/CWPMHP based on AHCA specifications. For more details on plan-specific audit findings, refer to the plan-specific PMV reports issued for each PMHP and the CWPMHP. Table 3-5 shows the PMHPs/CWPMHP that were audited.

Table 3-4—List of Performance Measures for Calendar Year 2012

Measure	Calculation Responsibility	Measurement Period
Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis—Mental Health Practitioner (Agency-defined measure)	PMHP	CY 2012
Thirty-day Readmission Rate (Agency-defined measure)	PMHP	CY 2012
Follow-Up Within 30 Days After Acute Care Discharge for a Mental Health Diagnosis—Mental Health Practitioner (Agency-defined measure)	PMHP	CY 2012

Table 3-5—List of PMHPs/CWPMHP

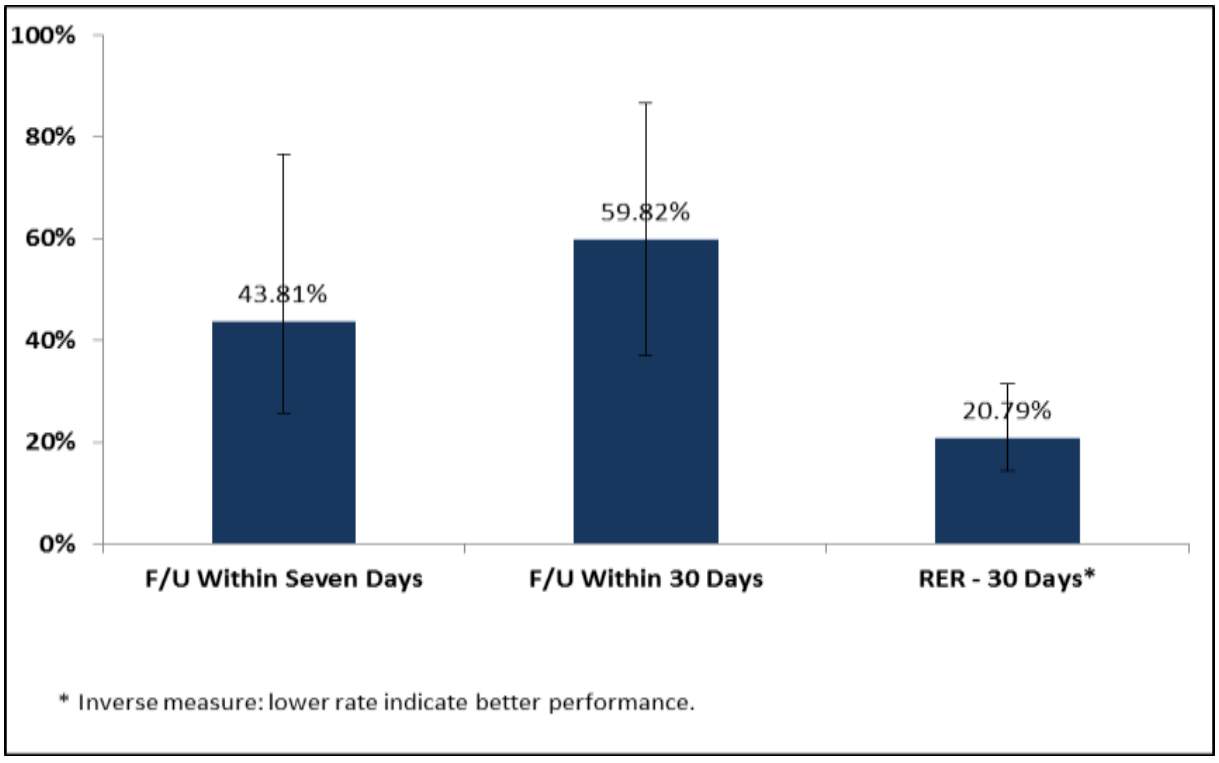
Plan Name	Plan Short Name and Abbreviation
PMHPs	
Jackson Health System/Public Health Trust of Dade County (Area 11)	Public Health Trust/PHT (A11)
Magellan Behavioral Health of Florida, Inc. (Areas 2, 4, 9, and 11)	Magellan/MAG (A2, A4, A9, A11)
Lakeview Center dba Access Behavioral Health (Area 1)	Access/ABH (A1)
North Florida Behavioral Health Partners (Area 3)	North Florida/NFHP (A3)
Florida Health Partners (Areas 5, 6, 7, and 8)	Florida HP/FHP (A5, A6, A7, A8)

Table 3-5—List of PMHPs/CWPMHP	
Plan Name	**Plan Short Name and Abbreviation**
CWPMHP	
Community Based Care Partnership	CBC Partnership/CBC (operates statewide)

Results

Figure 3-34 shows the statewide weighted averages for the three PMHP performance measures (i.e., *Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis—Mental Health Practitioner*, *Follow-up Within 30 Days After Acute Care Discharge for a Mental Health Diagnosis—Mental Health Practitioner*, and *Thirty-day Readmission Rate*). No performance target was established for any of these measures. The vertical black line in each bar denotes the magnitude of performance rate variation among plans (i.e., a longer line suggests wider variation).

Figure 3-34—Florida PMHP CY 2012:
Weighted Averages for Required Performance Measures



Overall, four out of 10 eligible enrollees with a mental health diagnosis had follow-up visits with a mental health practitioner within seven days of acute care discharge from a hospital. Figure 3-34 also shows that within 30 days of acute care discharge, 59.82 percent of enrollees had a follow-up visit with a mental health practitioner, a slight rate decline from 2011 (62.27 percent). About 20 percent of enrollees discharged from a hospital with a mental health diagnosis were readmitted within 30 days after the discharge. This rate represents a rate increase of 5.57 percentage points (a

decline in performance) from last year. The *Thirty-day Readmission Rate* is an inverse measure where a lower rate indicates better performance.

MCO Comparison

Five PMHPs and the CWPMHP were evaluated using three measures. Two of the plans reported four separate measure rates for different geographical areas. The high performer for *Follow-up within Seven Days After Acute Discharge* was Community Based Care Partnership (76.47 percent), while the low performer was Florida Health Partners, Area 7 (25.82 percent). The high performer for *Follow-up Within 30 days of an Acute Care Discharge* was Community Based Care Partnership (86.59 percent), while the low performer was Florida Health Partners, Area 6 (36.93 percent). The high performer for *Thirty-day Readmission Rate* was Florida Health Partners, Area 5 (14.42 percent), while the low performer was Magellan Behavioral Health of Florida, Area 11 (31.51 percent).

Conclusions and Recommendations

All plans continued to maintain their automated processes without significant changes in reporting performance measure rates. The staff was very involved in the performance measure reporting process. Although HSAG noted some issues surrounding rate calculation during the PMV, these issues were corrected with rates revised and resubmitted before the end of the validation to render them reportable.

Regarding processes in place, HSAG found no areas for improvement for the current review period. Although the auditors identified some issues related to performance measure calculation for all five PMHPs and the CWPMHP after the Web-assisted review sessions, the analytical staff members were responsive and were able to correct all discrepancies.

For the reported performance rates, while statewide performance showed continuous improvement in the *Follow-up within Seven Days After Acute Discharge* measure, a slight decline in performance was noted for the other two measures. HSAG recommends that all of the PMHPs and the CWPMHP continue improving their performance in those areas.

Follow-Up on Prior Year Recommendations

HSAG offered two recommendations for PMHPs/CWPMHP based on its SFY 2011–2012 PMV activity—one related to improving the data completeness of encounter data submissions and the other on improving performance on the follow-up measures. Based on the SFY 2012–2013 PMV, HSAG found that the rates of one of the follow-up visit measures improved, suggesting that the PMHPs/CWPMHP might have considered these recommendations and implemented improvement interventions.

NHDP Health Plans

AHCA required all NHDP health plans to undergo a PMV process conducted by HSAG according to the CMS protocol. During SFY 2012–2013, HSAG conducted PMV audits on 15 NHDP health plans

for four agency-defined performance measures required by AHCA/DOEA (Table 3-6). All measures were calculated by the NHDP health plans based on AHCA specifications. For more details on plan-specific audit findings, refer to the plan-specific PMV reports issued for each plan. Each plan reported four quarterly and one annual rate per measure.

Table 3-6—List of Performance Measures for Calendar Year 2012

Measure	Calculation Responsibility	Measurement Period
Disenrollment Rate	NHDP Health Plan	CY 2012
Retention Rate	NHDP Health Plan	CY2012
Voluntary Disenrollment Rate	NHDP Health Plan	CY2012
Average Length of Enrollment Before Voluntary Disenrollment	NHDP Health Plan	CY2012

Table 3-7 shows the NHDP health plans that underwent the PMV activity.

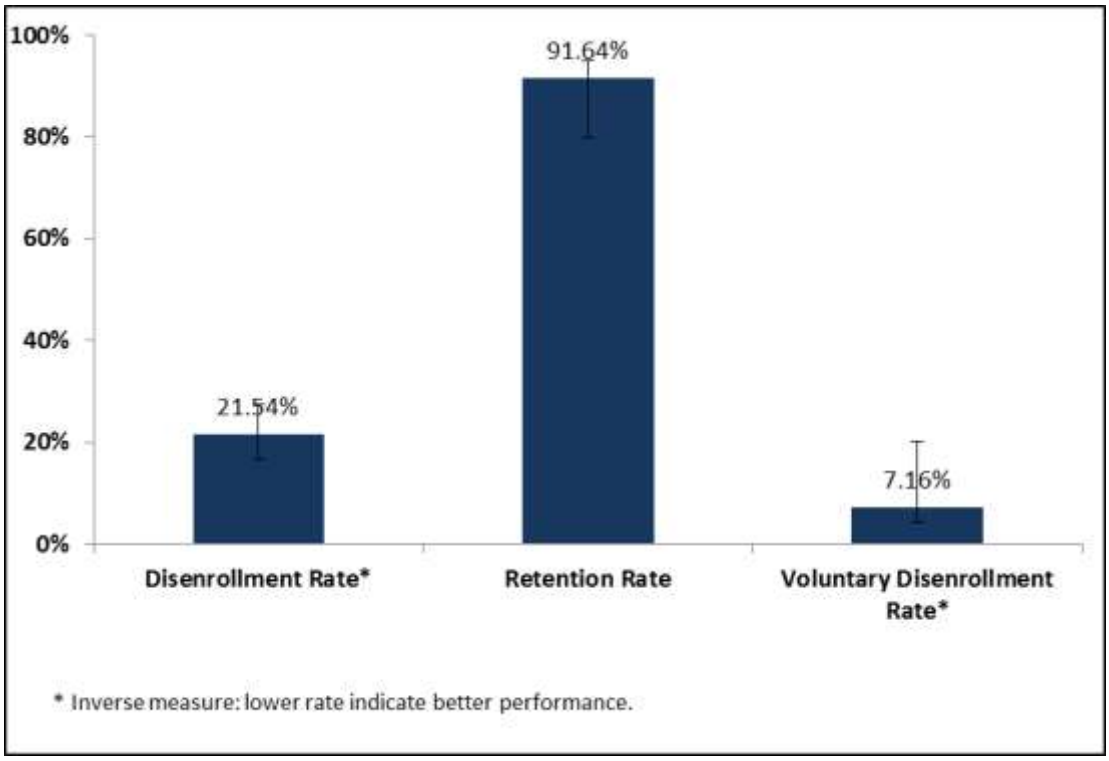
Table 3-7—Florida NHDP Health Plans

Plan Name	Shortened Name
American Eldercare, Inc.	Eldercare
Amerigroup Community Care, Inc.	Amerigroup DP
Brevard Alzheimer's Foundation dba YourCare Brevard	YourCare Brevard
Coventry Health Care of Florida, Inc.—Vista	VISTA DP
Evercare Health and Home Connection	Evercare HHC
Florida Comfort Choice c/o Humana Medical Plan, Inc.	Comfort Choice
Hope of Southwest Florida, Inc.	Hope
Little Havana Activities and Nutrition Centers, Inc.	Little Havana
Miami Jewish Home and Hospital—Project Independence	Project Independence
Neighborly Care Network	Neighborly
Simply Healthcare Plans	Simply Healthcare
Sunshine State Health Plan—Tango	Sunshine DP
United Home Care Services	United Home Care
Urban Jacksonville, Inc., Senior Connections	Senior Connections
WorldNet Services Corporation	WorldNet

Results

Figure 3-35 shows the statewide weighted averages for *Disenrollment Rate*, *Retention Rate,* and *Voluntary Disenrollment Rate*. The *Average Length of Enrollment Before Voluntary Disenrollment* measure was not included in Figure 3-35 because a different reporting metric is used (number of months as opposed to percentage). No performance target was established for any of these measures. The vertical black line in each bar denotes the magnitude of performance rate variation among plans (i.e., a longer line suggests wider variation).

Figure 3-35—Florida NHDP Health Plan CY 2012:
Weighted Averages for Three of the Four Required Performance Measures



About one in five (21.54 percent) NHDP health plan enrollees disenrolled at any time during CY 2012. Of these, one out of 14 (7.16 percent) disenrolled voluntarily. Statewide performance on the disenrollment rate measure improved from last year, although performance on the retention rate and the voluntary disenrollment rate declined. On average, nine out of 10 NHDP health plan enrollees remained in the program during CY 2012. Among those who disenrolled voluntarily, the average length of enrollment in the program (the *Average Length of Enrollment Before Voluntary Disenrollment* measure) was slightly over 18 months. Both the *Disenrollment Rate* and the *Voluntary Disenrollment Rate* are inverse measures.

MCO Comparison

The annual rates were compared to determine the highest and lowest performers for each measure. The high performer for *Disenrollment Rate* was Simply Healthcare (16.61 percent), while the low performer was Senior Connections (27.49 percent). The high performer for *Retention Rate* was Amerigroup DP (94.90 percent), while the low performer was Comfort Choice (79.79 percent). The high performer for *Voluntary Disenrollment Rate* was Little Havana (4.38 percent), while the low performer was Comfort Choice (20.16 percent). The high performer for *Average Length of Enrollment Before Voluntary Disenrollment* was VISTA DP (32.3 months), while the low performer was Comfort Choice (2.1 months).

Conclusions and Recommendations

Most of the NHDP health plans also continued to rely on their dedicated staff to collect, audit, and report performance measure rates for the measurement year. Two NHDP health plans merged organizationally in April 2012. Although there were no significant changes in the health plans' processes, the performance measure rates appeared to be impacted by this merger. Nonetheless, very few issues were identified with the NHDP health plan rate reporting processes.

Statewide performance demonstrated a slight improvement on the *Disenrollment Rate* measure. Although there was a decline in rate for the *Retention Rate* and *Voluntary Disenrollment Rate*, as well as a decrease in the *Average Length of Enrollment* among enrollees who voluntarily disenrolled from their NHDP health plans, these declines appeared to be associated with one plan that had a merger in April 2012. In general, the trends for these measures have been very stable over the past three years. Under normal circumstances, HSAG would recommend that DOEA consider retiring these measures and develop new sets of performance measures for these plans. The NHDP health plan model is being replaced with LTC plans with the State's transition to the SMMC program. Although LTC plans will be submitting partial CY 2013 results for several HEDIS and Agency-defined measures, HSAG recommends AHCA use CY 2014 as the baseline measurement year for trending LTC plans' full-year performance under the SMMC program.

Follow-Up on Prior Year Recommendations

Only one NHDP health plan received recommendations for the SFY 2011–2012 PMV audit and implemented follow-up activities to make the necessary changes.

SIPPS

No PMV activities were conducted for the SIPPs.

PDHPs

During SFY 2013–2014, AHCA contracted with two PDHPs (DentaQuest of Florida [DentaQuest] and MCNA Dental Plans [MCNA]) to provide dental services to their Medicaid enrollees in both the Miami-Dade County region and the statewide region. AHCA required these PDHPs to calculate and report four performance measures for calendar year (CY) 2012 (see Table 7), calculated separately for the Miami-

Dade County region and the statewide region. These measures were *Annual Dental Visit*, *Complete Oral Evaluation*, *Sealants*, and *Member Outreach*.

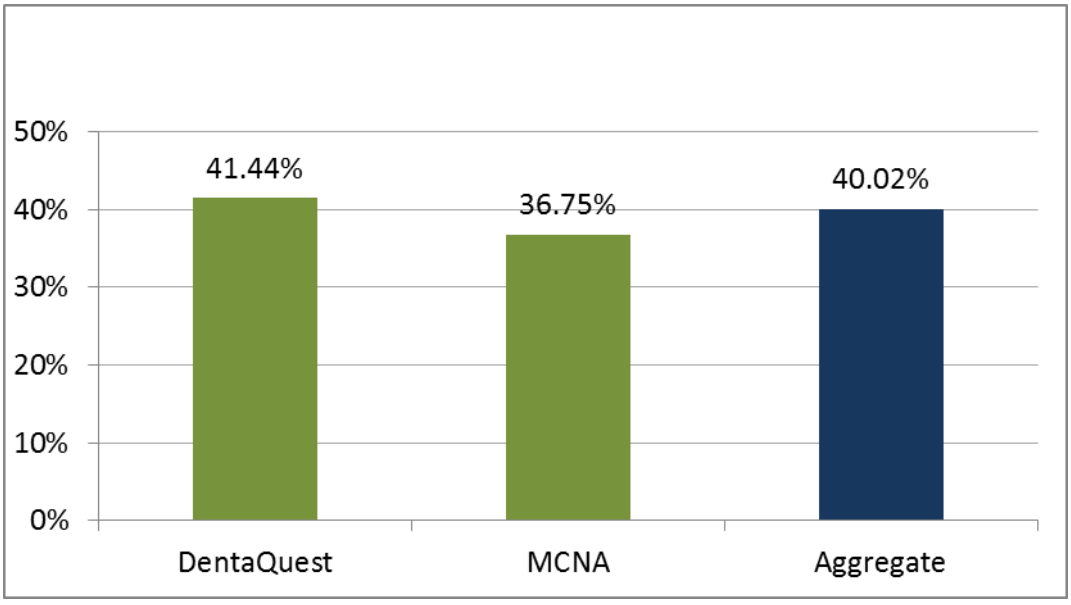
Table 3-8——PDHP Performance Measures	
Measures and Abbreviations	**Measure Type**
Annual Dental Visit (ADV)	HEDIS
Complete Oral Evaluation (COE)	AHCA-defined
Sealants	AHCA-defined
Member Outreach (MO)	AHCA-defined

Results

Reviews of the FARs and the supporting documents showed that in general, PDHPs had adequate processes in place for receiving and processing various data sources used for calculating and reporting the required performance measures. In their FARs, both PDHPs indicated a *Reportable* designation for all four measures. However, after reviewing the information received from the PDHPs/auditors and communicating with AHCA, HSAG found that the PDHPs' measure interpretation, calculation, and reporting processes were not very clear due to a misunderstanding in specification details for the non-HEDIS measures. Since HSAG could not ascertain measure calculation and reporting consistency for these measures, it assigned a Not Reported designation to them. Nonetheless, HSAG agrees with the auditors' finding that the *Annual Dental Visit* HEDIS measure is reportable.

Figure 3-36 shows plan-specific and aggregate *Annual Dental Visit* rates for the Miami-Dade County region.

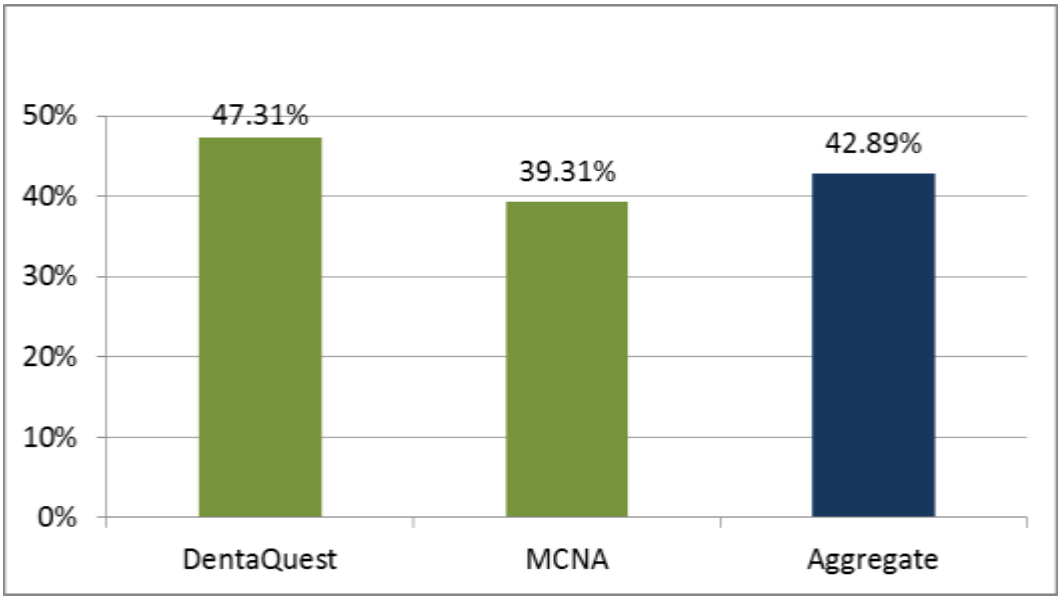
Figure 3-36—Annual Dental Visit Rates (Miami-Dade)



The aggregate rate shows that four out of every 10 enrollees received at least one dental visit during the measurement year.

Figure 3-37 shows plan-specific and aggregate *Annual Dental Visit* rates for the statewide region.

Figure 3-37—Annual Dental Visits (Statewide)



The aggregate rate shows that nearly 43 percent of enrollees received at least one dental visit during the measurement year.

MCO Comparison

Only the *Annual Dental Visit* measure is appropriate for an MCO comparison as the other measures were insufficient for reporting due to inconsistencies in each plan's interpretation of measure specifications. In both the Miami-Dade and statewide regions, DentaQuest outperformed MCNA. DentaQuest performed 4.69 percentage points and 8 percentage points better than MCNA in the Miami-Dade County and statewide regions, respectively.

Conclusion and Recommendations

This was the first year that the PDHPs participated in the audit process. Due to an incomplete understanding of AHCA's contract requirement, DentaQuest conducted the audit within a short time frame and could not complete the required documentation for the audit. HSAG also found that neither PDHP followed the reporting guidelines provided by AHCA. Although HSAG did not find any major issues associated with the PDHPs' data systems and processes, the PDHPs' measure interpretation, calculation, and reporting processes were not very clear. While all four performance measures were assessed as *Reportable* by the PDHPs' auditors, HSAG could not ascertain measure calculation and reporting consistency for the three AHCA-defined measures due to insufficient

information available. As such, HSAG could only validate the *Annual Dental Visit* measure as *Reportable*.

HSAG recommends that both PDHPs keep the State informed of progress throughout the audit season to ensure the plans are fully prepared for the audit in 2014. HSAG also recommends the following for both PDHPs:

- Both PDHPs should request technical assistance from an LO regarding the audit process and PMV.
- The PDHPs should clarify the measure specifications with the State in order to calculate the rates accurately, prior to the annual performance measure compliance audit.
- PDHPs should contract with an LO early so they have adequate time to prepare for the upcoming audit. This would include sufficient time to complete the Roadmap and compile any supporting documentation.
- Both PDHPs should review and follow the Health Plan Report Guide provided by AHCA when submitting their rates to the State. PDHPs should also ensure that their auditors are familiar with AHCA's required reporting format.
- DentaQuest should provide documented policies and procedures to ensure the reliability and validity of the collected data, for the medical record review abstraction and process.

Follow-Up on Prior Year Recommendations

Since this was the first year AHCA required the PDHPs to undergo an audit on their performance measures, there were no prior year recommendations for follow-up.

Review of Compliance With Access, Structure, and Operations Standards

Overview of Compliance Review Activity

According to 42 CFR 438.358, which describes the activities related to external quality reviews, a state or its EQRO must conduct a review within a three-year period to determine a Medicaid MCO's compliance with federal requirements and standards established by the state for access to care, structure and operations, and quality measurement and improvement. In accordance with 42 CFR 438.204(g), these standards must be as stringent as the federal Medicaid managed care standards described in 42 CFR 438.

AHCA met this requirement by completing its third year of a three-year standard review cycle in SFY 2011–2012. In January 2013, HSAG submitted its analysis of AHCA's review and included its findings in the SFY 2011–2012 EQR Technical Report.

Although a new three-year review cycle began in SFY 2012–2013, AHCA and DOEA chose not to conduct compliance reviews due to SMMC transition activities. Compliance reviews are projected to commence for LTC plans in SFY 2013–2014 and for MMA plans in SFY 2014–2015.

In anticipation of the SMMC program, AHCA contracted with HSAG to develop a Web-based Managed Care Survey Tool (MCST). The MCST will be an integral component in streamlining the compliance review process and thereby making it more efficient. The MCST is a user-friendly electronic compliance review tool that will contain all of the standards used to assess an MCO during the review process. The tool is an expansion of the current database developed by HSAG and used by AHCA during previous audits. The tool incorporates enhanced user capabilities, functions, and communications tracking mechanisms. In addition, MCO participants will have direct access to respond to required data requests as well as to view compliance review findings and notices. HSAG completed the development phase of the tool in fall 2013. When completed, the standards DOEA develops based on State contract language and federal requirements will be uploaded into the tool and be used by DOEA for the first set of compliance reviews of Long-term Care plans.

Follow-Up on Prior Year Recommendations

During SFY 2012–2013, HSAG made several recommendations related to the State's compliance review process. Due to the SMMC transition and development of a new Web-based MCST tool, these recommendations have not been fully implemented. HSAG also made recommendations specific to HMOs/PSNs and PMHPs/CWPMHP. The statuses of these recommendations are grouped accordingly and an implementation status provided for each.

HSAG Recommendations Regarding Compliance Review Process

Recommendation: Agency staff should create policies and procedures to document the process used to perform compliance reviews.

- **Update:** With the development of the new MCST, it was necessary for AHCA to develop new policies and procedures to comply with the use of the tool. AHCA is currently in the process of finalizing its policies and procedures to accompany the new MCST for the SMMC program, as well as working with DOEA to finalize the policies and procedures for the LTC compliance review process.

Recommendation: Agency staff should review and update the policies and procedures annually to ensure that they adequately capture the compliance review process.

- **Update:** With the development of SMMC for both long-term care and medical assistance, this recommendation has not been fully implemented. Some, but not all, processes have been reviewed and updated. DOEA and AHCA continue to work together to finalize the policies and procedures for the LTC compliance review process and the new MCST.

Recommendation: Agency staff should carefully review the standards/elements to be included in the SFY 2012–2013 compliance audit to ensure that monitoring tools align with the most current contract requirements prior to starting the on-site reviews.

- **Update:** Compliance reviews were not conducted in SFY 2012–2013 due to SMMC transition activities. However, DOEA staff members have developed standards to ensure alignment with

the new LTC contract for the LTC compliance reviews that will commence in spring SFY 2013–2014. AHCA staff will follow suit for the MMA compliance reviews in SFY 2014–2015.

Recommendations: Agency staff should continue to define necessary revisions to the database, checklists, and file review tools based on State and federal policy changes or changes in requirements. This includes a designated credentialing and recredentialing tool to alleviate confusion concerning the items to be verified during the review process.

- **Update:** Based on the SFY 2013–2014 contract with LTC plans, DOEA, in coordination with AHCA, has revised its standards and is preparing to submit the updated data to HSAG to be inputted into the MCST. AHCA will also update its standards, based on its contract with the MMA plans, for upcoming compliance reviews. This will include the provision for separate credentialing and recredentialing tools.

Recommendation Specific to HMOs/PSNs

Recommendation: During the evaluation of the HMO and PSN Enrollee Help Line Checklist, AHCA's staff identified that the majority of HMOs/PSNs did not have a process in place for enrollees to leave messages and found that responses to messages were not timely. HSAG recommended that the AHCA reviewers spend additional time with the noncompliant HMOs/PSNs to determine if actions have been taken to remedy this issue prior to the next monitoring cycle.

- **Update:** This recommendation has been implemented. Those plans identified as noncompliant were required to submit a corrective action plan that included, at a minimum, corrective action(s), the responsible department, an implementation timeline, and how the actions would improve the HMOs'/PSNs' Enrollee Help Line compliance. The Corrective Action Plans (CAPs) were reviewed and approved by the assigned Agency health plan analyst.

Recommendations Specific to PMHPs/CWPMHP

Recommendation: Agency staff should consider requiring the PMHP that scored less than 100 percent on the Grievance and Appeals standard to submit monthly deliverables to AHCA that contain information to demonstrate the PMHP's compliance with the documentation and notification requirements.

The rates generated from the Grievance file reviews were either perfect scores or weak scores. AHCA is considering requiring PMHPs that scored less than 100 percent to submit monthly deliverables to AHCA. The deliverables should contain information to demonstrate the PMHPs' compliance with documentation and notification requirements. AHCA should require the deliverables until AHCA staff determine that the PMHP remains compliant with the standard and elements within the file review.

- **Update:** Due to the remaining length of the PMHP contracts, and since CAPs have already addressed this item, these recommendations will not be implemented by the Agency.

Recommendation: For all other standards and file review areas of noncompliance, the PMHPs should review the AHCA-PMHP/CWPMHP contract, AHCA policies and procedures, and State

and federal regulations and requirements to identify areas of noncompliance and address these areas in CAPs. AHCA should continue to require CAPs from the PMHPs until they demonstrate compliance in deficient areas.

- **Update:** This recommendation has been implemented, and CAPs have been approved by the Agency.

Encounter Data Validation

As required by 42 CFR 438.242 all MCOs shall maintain an information system that collects, analyzes, integrates, and reports data. This system shall include encounter data that is able to be reported in a standardized format.

During SFY 2013–2014, AHCA contracted with HSAG to conduct an encounter data validation (EDV) study. The goal of the study is to examine the extent to which encounters submitted to AHCA by its contracted MCOs are complete and accurate. Claims and encounters submitted by 33 percent of all the MCOs operational as of January 2013 will be assessed.

The EDV study is currently in process, and results from the study will be incorporated into subsequent EQR Technical Reports.

Child Health Check-Up Participation Rates

States are responsible for providing Early and Periodic Screening, Diagnosis, and Treatment services to all Medicaid-eligible children younger than 21 years of age. Florida's Child Health Check-Up (CHCUP) program includes comprehensive and preventive health services provided according to the State's Child Health Check-Up Coverage and Limitations Handbook. Florida MCOs and PIHPs are contractually required to submit an annual report that includes basic data elements specified by the State. An independent auditor must certify these data. The State requires the MCOs and PIHPs to screen at least 60 percent of those enrolled in the program. The MCOs/PIHPs also must meet a screening and participation goal of 80 percent. MCOs/ PIHPs that do not achieve a 60 percent screening rate or the 80 percent screening and participation goal must submit a corrective action plan to the State. The most recent (October 1, 2011, to September 30, 2012) CHCUP statewide screening rate was 98 percent, and the participation rate was 59 percent.

FARS/CFARS

The Functional Assessment Rating Scale (FARS) and the Children's Functional Assessment Rating Scale (CFARS) are assessment tools developed by the University of South Florida. Florida statute requires AHCA to improve the integration, accessibility, and dissemination of behavioral health data for planning and monitoring purposes. AHCA requires its MCOs and PIHPs to be certified in the administration of FARS and CFARS and to report the data semiannually to AHCA.

The MCOs and PIHPs calculated scores for four domains that they may group into cognitive, emotional, social, and role functioning. The MCOs and PIHPs totaled the scores for an overall assessment score.

MCO Accreditation Results

The most recent data available indicated that eight Florida Medicaid health plans have achieved accreditation by the Accreditation Association for Ambulatory Health Care (AAAHC). Seven of the health plans are HMOs and one is a PSN. The accreditation is awarded to ambulatory health care settings (including MCOs) based on compliance with AAAHC standards. The core standards evaluate the following areas: rights of patients, governance, administration, quality of care, quality management and improvement, clinical records and health information, and facilities and environment. AAAHC uses additional standards to evaluate health care settings based on the type of services an organization provides.

Eight Florida health plans have achieved NCQA managed care organization accreditation. Seven of the health plans are HMOs and one is a PSN. NCQA accreditation standards evaluate six key areas of quality: quality management, utilization management, credentialing, member rights and responsibilities, member connections, and Medicaid benefits and services.

Three of the Florida Medicaid HMOs have attained URAC accreditation. URAC accreditation evaluates health plans on a set of quality standards including organizational structure, personnel management, quality improvement, oversight of delegated responsibilities, and consumer protection.

Appendix A. METHODOLOGIES FOR CONDUCTING EQR ACTIVITIES

During SFY 2012–2013, HSAG, as the EQRO for AHCA, conducted the following EQR activities for the MCOs in accordance with applicable CMS protocols:

- A review of compliance with federal and State requirements for select access, structure and operations, and quality measurement and improvement standard areas
- Validation of performance measures (i.e., HEDIS compliance audits)
- Validation of PIPs

For each EQR activity conducted, this appendix presents the following information, as required by 42 CFR 438.364:

- Objectives
- Technical methods of data collection and analysis
- Descriptions of data obtained

Validation of Performance Improvement Projects

As part of the State's quality strategy, each MCO was required by AHCA to conduct PIPs in accordance with 42 CFR 438.240. The purpose of these PIPs was to achieve, through ongoing measurements and interventions, significant improvement sustained over time in both clinical care and services in nonclinical areas. For the projects to achieve real improvements in care and for interested parties to have confidence in the reported improvements, the PIPs must be designed, conducted, and reported using sound methodology and must be completed in a reasonable time. This structured method of assessing and improving MCO processes is expected to have a favorable effect on health outcomes and member satisfaction. As one of the mandatory EQR activities required under the BBA, HSAG validated the PIPs through an independent review process that followed the CMS protocol. The primary objective of the PIP validation was to determine compliance with requirements set forth in 42 CFR 438.240, including:

- Measurement of performance using objective quality indicators.
- Implementation of system interventions to achieve improvement in quality.
- Evaluation of the effectiveness of the interventions.
- Planning and initiation of activities for increasing or sustaining improvement.

While the primary purpose of HSAG's PIP validation methodology was to assess the validity and quality of processes for conducting PIPs, HSAG also verified that the MCOs' PIPs contained study indicators related to quality, access, and timeliness domains. More specifically, all of the PIPs provided opportunities for the MCOs to improve the quality of care for their enrollees.

Description of Data Obtained

Data obtained for the validation of PIPs was taken from the HSAG PIP Summary Forms completed by the MCOs and submitted to HSAG in October 2012. In addition, for verification of reported study indicator results from HEDIS-based PIP topics, HSAG used the information submitted to AHCA by the MCOs via the interactive data submission system (IDSS).

Technical Methods of Data Collection/Analysis

The methodology HSAG used to validate the PIPs was based on the CMS protocol as outlined in the CMS publication, *Validating Performance Improvement Projects: A Protocol for Use in Validating Medicaid External Quality Review Activities*, final protocol, Version 1.0, May 1, 2002.

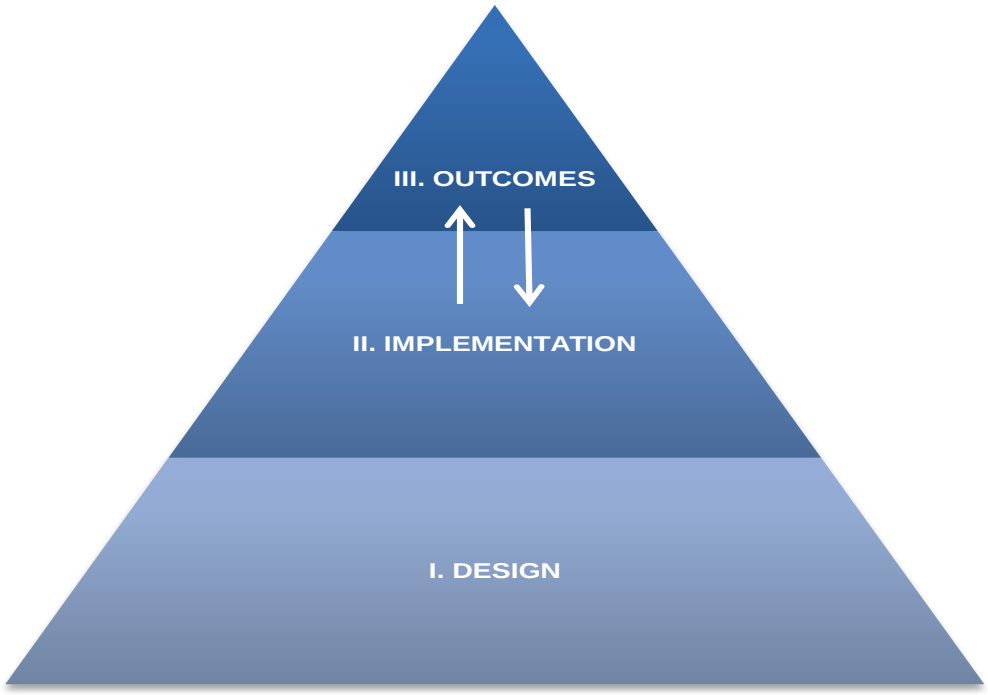
HSAG, in collaboration with AHCA, developed the PIP Summary Form to be consistent with CMS' established protocols for conducting PIPs and to assist the MCOs in meeting compliance requirements. The MCOs were provided the PIP Summary Form to complete and submit to HSAG for review.

HSAG obtained the data needed to conduct the PIP validation from the MCOs' PIP Summary Forms. These forms provided detailed information about each MCO's PIPs related to the activities completed by the MCO and evaluated by HSAG for the SFY 2012–2013 validation cycle.

Each required activity was evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scored each evaluation element within a given activity as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designated some of the evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements had to be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that received a *Not Met* score resulted in an overall validation rating for the PIP of *Not Met*. An MCO was given a *Partially Met* score if 60 percent to 79 percent of all evaluation elements were *Met* or one or more critical elements were *Partially Met*. HSAG provided a *Point of Clarification* when enhanced documentation by the MCO would have demonstrated a stronger understanding and application of the PIP activities and evaluation elements.

In addition to the validation status (e.g., *Met*), HSAG gave each PIP an overall percentage score for all evaluation elements (including critical elements). HSAG calculated the overall percentage score by dividing the total number of elements scored as *Met* by the total number of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculated a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*. Figure A-1 illustrates the three study stages of the PIP process—i.e., Design, Implementation, and Outcomes. Each sequential stage provides the foundation for the next stage.

Figure A-1—PIP Study Stages



The Design stage establishes the methodological framework for the PIP. The activities in this section include development of the study topic, question, indicators, and population. To implement successful improvement strategies, a strong study design is necessary.

Once the MCO establishes its study design, the PIP process moves into the Implementation stage. This stage includes data analysis and interventions. During this stage, the health plans analyze data, identify barriers to performance, and develop interventions targeted to improve outcomes. The implementation of effective improvement strategies is necessary to improve PIP outcomes.

The final stage is Outcomes, which involves the evaluation of real and sustained improvement based on reported results and statistical testing. Sustained improvement is achieved when outcomes exhibit statistical improvement over time and multiple measurements. This stage is the culmination of the previous two stages. The MCO should regularly evaluate interventions to ensure they are having the desired effect. A concurrent review of the data is encouraged. If the MCO's evaluation of the interventions, and/or review of the data, indicates that the interventions are not having the desired effect, the MCO should revisit its causal/barrier analysis process; verify the proper barriers are being addressed; and discontinue, revise, or implement new interventions as needed. This cyclical process should be used throughout the duration of the PIP and revisited as often as needed.

Validation of Performance Measures

Objectives

HSAG's role in the validation of performance measures for each MCO type was to ensure that validation activities were conducted as outlined in the CMS publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR),*[A-1] Version 2.0, September 1, 2012 (CMS Performance Measure Validation Protocol). More specifically, HSAG performed PMV audits to determine if performance measure rates were collected, reported, and calculated according to the specifications required by the State.

For HMOs/PSNs and PDHPs, AHCA required that the MCOs undergo an NCQA HEDIS Compliance Audit on the performance measures selected for reporting. To avoid any redundancy in the auditing process, HSAG evaluated the NCQA HEDIS Compliance Audit process in light of the steps described in the CMS protocol. For PMHPs and NHDP health plans, AHCA required the MCOs to undergo a PMV process conducted by HSAG according to the CMS protocol. Due to slightly different validation processes, while the information obtained from the MCOs is similar, the technical methods used for the PMV are different from those used for the NCQA HEDIS Compliance Audit.

Description of Data Obtained

Since the audits for HMOs/PSNs and PDHPs, were performed by NCQA-licensed organizations (LOs) during SFY 2012–2013, HSAG's role was to determine the extent to which the measures reported to AHCA were calculated according to AHCA's specifications. HSAG conducted its PMV activity for the HMOs and PSNs during SFY 2013–2014. In general, three primary data sources were used to conduct the PMV audits: the Roadmap, final audit results, and the final audit report (FAR).

For PMHPs' and NHDP health plans' PMV audits, data were obtained from the customized Information Systems Capabilities Assessment Tool (ISCAT), requested documents, and performance measure rates provided by the PMHPs and NHDP health plans.

Technical Methods of Data Collection/Analysis

HMOs/PSNs/PDHPs

For HMOs/PSNs and PDHPs, HSAG received each MCO's performance measure report and final audit report from AHCA and detailed audit findings generated by the LOs for each MCO. Since there are important documents used and/or generated by the MCOs/their auditors during a typical

[A-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html. Accessed on: Feb 19, 2013.

NCQA HEDIS Compliance Audit, HSAG reviewed these documents and verified the extent to which critical audit steps were followed during the audit.

Table A-1 presents critical elements and approaches that HSAG used to conduct the PMV activities.

Table A-1—Key PMV Steps Performed by HSAG
Pre-On-Site Visit Call/Meeting—HSAG verified that the LOs addressed key HEDIS topics, such as timelines and on-site review dates.
HEDIS Roadmap Review—HSAG examined the completeness of the Roadmap and looked for evidence in the FARs that the LOs completed a thorough review of all the components of the Roadmap.
Software Vendor—If an MCO used a software vendor to produce HEDIS rates, HSAG assessed whether the MCO contracted with an NCQA-certified software vendor. If an NCQA-certified software vendor was used, the NCQA Software Certification letter was reviewed to ensure that the measures were under the scope of certification. Otherwise, HSAG examined whether source code review was conducted by the LOs (see next step below).
Source Code/Certified Software Review—HSAG ensured that the LOs reviewed the MCOs' programming language for HEDIS measures if the MCOs did not use a certified software vendor. Source code review was used to determine compliance with the performance measure definitions, including accurate numerator and denominator identification, sampling, and algorithmic compliance (ensuring that rate calculations were performed correctly, medical record and administrative data were combined appropriately, and numerator events were counted accurately).
Primary Source Verification—HSAG verified that the LOs verified the information from the primary source matched the output used for HEDIS reporting as part of their audit process to determine the validity of the source data used to generate the HEDIS rates.
Convenience Sample Validation—HSAG verified that as part of the medical record review (MRR) validation process, the LOs identified whether the MCOs were required to prepare a convenience sample, and if not, whether specific reasons were documented.
MRR—HSAG examined whether the LOs performed a re-review of a random sample of medical records based on NCQA MRR validation protocol to ensure the reliability and validity of the data collected.
MCO Quality Indicator Data File Review—The MCOs are required to submit a health plan quality indicator data file for the submission of audited rates to AHCA. The file should comply with the AHCA-specified reporting format and contain the denominator, numerator, and reported rate for each performance measure. HSAG evaluated whether there was any documentation in the FAR to show that the LOs performed a review of the MCO quality indicator data file.

To evaluate an HMO's/PSN's and PDHP's capabilities for accurate HEDIS reporting, HSAG reviewed each FAR submitted by the MCOs to confirm/evaluate the LO's assessment of information system (IS) capabilities,[A-2] specifically focusing on aspects of the MCO's system that could affect the HEDIS Medicaid reporting set.

[A-2] The term "IS" was broadly used to include the computer and software environment, data collection procedures, and abstraction of medical records for hybrid measures. The IS evaluation also included a review of any manual processes used for HEDIS reporting. The LOs determined if the MCOs had the automated systems, information management practices, and processing environment and control procedures in place to capture, access, translate, analyze, and report each HEDIS measure.

Since each MCO received audit designation results from its LO for the performance measures being reported, HSAG assessed the reasonableness of these results by reviewing the performance measure reports and comparing them against the FARs where applicable. HSAG also evaluated the extent to which the MCOs complied with AHCA's reporting requirements for submitting their rates in the performance measure reports.

PMHPs/NHDP Health Plans

For NHDP health plans, HSAG obtained a list of the measures selected by DOEA, in conjunction with AHCA, for validation. For PMHPs, HSAG obtained a list of measures for validation from AHCA. Additionally, the measure definitions, measure specifications, and the reporting format were reviewed by HSAG prior to the audit.

HSAG prepared a documentation request for the ISCAT and forwarded it to each PMHP/NHDP health plan with a timetable for completion and instructions for submission. HSAG responded to ISCAT-related questions directly from the PMHPs/NHDP health plans prior to the Web-assisted validation review sessions.

HSAG prepared an agenda describing all Web-assisted site review activities and indicating the type of staff needed for each session. HSAG forwarded the agendas to the respective PMHPs/NHDP health plans prior to the review.

During the Web-assisted validation review with each of the PMHPs/NHDP health plans, HSAG collected information using several methods, including interviews, system demonstration, review of data output files, primary source verification, observation of data processing, and review of data reports. The review activities conducted by HSAG during each audit were as follows:

- **Opening meeting/session**—The opening meeting/session included introductions of the validation team members and key MCO staff members involved in the performance measure activities. The meeting/session covered the review purpose, the required documentation, basic meeting logistics, and queries to be performed.
- **Evaluation of system compliance**—The evaluation included a review of the IS assessment focusing on the processing of enrollment data. Additionally, the review evaluated the processes used to collect and calculate the performance measures, including accurate numerator and denominator identification and algorithmic compliance (which evaluated whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately).
- **Review of ISCAT and supporting documentation**—This included a review of the processes used for collecting, storing, validating, and reporting performance measure data. This session was designed to be interactive with key MCO staff members so that the review team could obtain a complete picture of all the steps taken to generate the performance measures and the degree of compliance with written documentation. HSAG used interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and ascertain that the MCO used and followed written policies and procedures in daily practice.
- **Overview of data integration and control procedures**—The overview included discussion and observation of source code logic, and a review of how all data sources were combined and how the analytic file was produced to report the selected performance measures. HSAG

performed primary source verification to further validate the output files. HSAG also reviewed backup documentation on data integration. This session addressed data control and security procedures as well.

- **Closing conference**—The closing conference summarized preliminary findings based on the review of the ISCAT and the Web-assisted validation review sessions, and revisited the documentation requirements for any post-validation review activities.

Similar to the reviews conducted for the HMOs/PSNs and PDHPs, HSAG also performed an evaluation of the PMHPs'/NHDP health plans' IS capabilities for accurate data reporting. To evaluate the calculation of performance measures, HSAG reviewed data integration, data control, and documentation of performance measure calculations. HSAG validated each of these components and reported on the processes used and the overall findings. Based on all validation activities for these PMHPs/NHDP health plans HSAG determined results for each performance measure (i.e., *Report* [R], *Not Reported* [NR], or *No Benefit* [NB]).

Appendix B. LISTING OF MCO PIP VALIDATION RESULTS FOR SFY 2012-2013

Table B-1 includes the following information for each HMO: PIP Study Topics and corresponding Validation Scores and Status.

Table B-1—Health Maintenance Organizations (HMOs)		
Plan Name	**PIP Study**	**Validation Status**
AHF MCO of Florida, Inc. dba Positive Healthcare Florida (Reform)	*Follow-up After Hospitalization for Mental Illness*	*89% / 90% / Partially Met*
	Improving Satisfaction with Cultural and Language Services for People Living with HIV/AIDs	*73% / 73% / Not Met*
Amerigroup Community Care (Non-Reform)	*Well-Child Visits in the First 15 Months of Life-Six or More Visits*	*96%/100%/Met*
	Balance Billing	*97%/100%/Met*
Clear Health Alliance (Non-Reform)	*Follow-up After Hospitalization for Mental Illness*	*87% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*100% / 100% / Met*
Coventry Health Care of Florida, Inc.—Buena Vista	*Follow-up After Hospitalization for Mental Illness*	*90% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*100% / 100% / Met*
Coventry Health Care of Florida, Inc.—VISTA	*Follow-up After Hospitalization for Mental Illness*	*95% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*98% / 100% / Met*
Freedom Health, Inc. (Non-Reform)	*Behavioral Health Discharge Planning*	*93% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*98% / 100% / Met*
Freedom Health, Inc. (Reform)	*Behavioral Health Discharge Planning*	*97% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*97% / 100% / Met*
Healthy Palm Beaches, Inc. (Non-Reform)	*Does Providing Discharge Planning Case Management Increase Compliance With Aftercare Appointments*	*92% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*98% / 100% / Met*
Humana Family c/o Humana Medical Plan, Inc. (Non-Reform)	*Follow-up After a Hospitalization for Mental Health*	*87% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*92% / 100% / Met*

Table B-1—Health Maintenance Organizations (HMOs)		
Plan Name	**PIP Study**	**Validation Status**
Humana Family c/o Humana Medical Plan, Inc. (Reform)	*Follow-up After a Hospitalization for Mental Health*	*92% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*100% / 100% / Met*
Medica Health Plans of Florida (Non-Reform)	*Follow-up to Discharge After a Behavioral Health Admission*	*32% / 20% / Not Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*100% / 100% / Met*
Medica Health Plans of Florida (Reform)	*Follow-up to Discharge After a Behavioral Health Admission*	*32% / 20% / Not Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*74% / 82% / Not Met*
Molina Healthcare of Florida (Non-Reform)	*Language and Culturally Appropriate Access to Preventive Health Care Interventions*	*75% / 90% / Partially Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*52% / 77% / Not Met*
Molina Healthcare of Florida (Reform)	*Language and Culturally Appropriate Access to Preventive Health Care Interventions*	*74% / 90% Partially Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*58% / 82% / Not Met*
Preferred Care Partners dba CareFlorida (Non-Reform)	*Improving the Process of Claims/Encounter Submissions for BMI Assessments*	*91% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*100% / 100% / Met*
Preferred Care Partners dba CareFlorida (Reform)	*Follow-up After Hospitalization for Mental Illness*	*50% / 50% / Not Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*100% / 100% / Met*
Preferred Medical Plan, Inc. (Non-Reform)	*Follow-up After Hospitalization for Mental Illness*	*97% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*98% / 100% / Met*
Simply Healthcare Plans (Non-Reform)	*CLAS-Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*	*100% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*100% / 100% / Met*
Sunshine State Health Plan (Non-Reform)	*Seven- and 30-Day Follow-up for Hospitalization for Mental Health*	*95% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*87% / 90% / Partially Met*

Table B-1—Health Maintenance Organizations (HMOs)		
Plan Name	**PIP Study**	**Validation Status**
Sunshine State Health Plan (Reform)	*Seven- and 30-Day Follow-up for Hospitalization for Mental Health*	*81% / 90% / Partially Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*96% / 100% / Met*
UnitedHealthcare Community Plan (Non-Reform)	*Increasing Seven- and 30-Day Follow-Up Appointments After Inpatient Discharge*	*97% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*96% / 100% / Met*
UnitedHealthcare Community Plan (Reform)	*Increasing Seven- and 30-Day Follow-Up Appointments After Inpatient Discharge*	*95% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*95% / 100% / Met*
United Healthcare of Florida, Inc.—Evercare at Home (Non-Reform)	*Flu Vaccine*	*83% / 100% / Met*
	Timeliness of Services	*92% / 100% / Met*
Universal Health Care, Inc. (Non-Reform)	*Diabetes*	*80% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*94% / 100% / Met*
Universal Health Care, Inc. (Reform)	*Improving Ambulatory Follow-up Appointments After Discharge From Inpatient Mental Health Treatment*	*84% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*93% / 100% / Met*
Wellcare Health Plans, Inc.—HealthEase of Florida, Inc. (Non-Reform)	*First Call Resolution*	*89% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*94% / 100% / Met*
Wellcare Health Plans, Inc.—Staywell of Florida, Inc. (Non-Reform)	*First Call Resolution*	*89% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*94% / 100% / Met*

Table B-2 includes the following information for each PSN: PIP Study Topics and corresponding Validation Scores and Status.

Table B-2—Provider Service Networks (PSNs)		
Plan Name	**PIP Study**	**Validation Status**
Better Health (Non-Reform)	*Follow-up After Hospitalization for Mental Illness*	*78% / 75% / Partially Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*100% / 100% / Met*
Better Health (Reform)	*CLAS-Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*	*69% / 85% / Not Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*93% / 100% / Met*
Care Access PSN (Non-Reform)	*Follow-up After Hospitalization for Mental Illness*	*86% / 75% / Partially Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*95% / 100% / Met*
Children's Medical Services—Broward (Reform)	*Improving Call Center Timeliness*	*100% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*88% / 100% / Met*
Children's Medical Services—Duval (Reform)	*Eliminating Racial/Ethnic Disparities in the Rate of Lead Screening Participation*	*93% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*98% / 100% / Met*
First Coast Advantage, LLC (Non-Reform)	*Follow-up After Hospitalization for Mental Illness*	*100% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*100% / 100% / Met*
First Coast Advantage, LLC (Reform)	*Getting Needed Care—CAHPS Survey*	*100% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*100% / 100% / Met*
Integral Quality Care (Non-Reform)	*Emergency Department Use for Non-Emergency Care*	*89% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*100% / 100% / Met*
Prestige Health Choice (Non-Reform)	*Avoidable ER Utilization*	*92% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*94% / 100% / Met*
South Florida Community Care Network (Non-Reform)	*Improving Call Center Timeliness*	*100% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*86% / 100% / Met*

Table B-2—Provider Service Networks (PSNs)		
Plan Name	**PIP Study**	**Validation Status**
South Florida Community Care Network (Reform)	*Improving Call Center Timeliness*	*100% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*96% / 100% / Met*
WeCare Health Plans (Non-Reform	*Follow-up After Hospitalization for Mental Illness*	*90% / 100% / Met*
	Well-Child Visits in the First 15 Months of Life—Six or More Visits	*96% / 100% / Met*

Table B-3 includes the following information for each PMHP/CWPMHP: PIP Study Topics and corresponding Validation Scores and Status.

Table B-3—Prepaid Mental Health Plans (PMHPs)		
Plan Name	**PIP Study**	**Validation Status**
Community Based Care Partnership (CWPMHP)	*Biannual Submission of Child Functional Assessment Rating Scales (CFARS)*	*86% / 100% / Met*
	Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis	*97% / 100% / Met*
Florida Health Partners (Area 5)	*Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis*	*100% / 100% / Met*
	Improving Documentation of Communication Between Mental Health Practitioners and Primary Care Physicians in a PMHP	*97% / 100% / Met*
Florida Health Partners (Area 6)	*Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis*	*100% / 100% / Met*
	Improving Documentation of Communication Between Mental Health Practitioners and Primary Care Physicians in a PMHP	*97% / 100% / Met*
Florida Health Partners (Area 7)	*Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis*	*92% / 100% / Met*
	Improving Documentation of Communication Between Mental Health Practitioners and Primary Care Physicians in a PMHP	*97% / 100% / Met*
Florida Health Partners (Area 8)	*Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis*	*100% / 100% / Met*
	Improving Documentation of Communication Between Mental Health Practitioners and Primary Care Physicians in a PMHP	*97% / 100% / Met*
Jackson Health System/ Public Health Trust of Dade County (Area 11)	*Decreasing Telephone Answer Speed*	*69% / 80% / Not Met*
	Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis	*97% / 100% / Met*
Lakeview Center dba Access Behavioral Health (Area 1)	*Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis*	*79% / 100% / Partially Met*
	Using an Organizational Assessment to Implement Trauma Informed Care	*48% / 40% / Not Met*
Magellan Behavioral Health of Florida, Inc. (Area 2)	*Biannual Submission of Functional Assessment Rating Scales/Child Functional Assessment Rating Scales (FARS/CFARS)*	*86% / 100% / Met*
	Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis	*100% / 100% / Met*

Table B-3—Prepaid Mental Health Plans (PMHPs)		
Plan Name	**PIP Study**	**Validation Status**
Magellan Behavioral Health of Florida, Inc. (Area 4)	*Biannual Submission of Functional Assessment Rating Scales/Child Functional Assessment Rating Scales (FARS/CFARS)*	*92% / 100% / Met*
	Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis	*100% / 100% / Met*
Magellan Behavioral Health of Florida, Inc. (Area 9)	*Biannual Submission of Functional Assessment Rating Scales/Child Functional Assessment Rating Scales (FARS/CFARS)*	*86% / 100% / Met*
	Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis	*100% / 100% / Met*
Magellan Behavioral Health of Florida, Inc. (Area 11)	*Biannual Submission of Functional Assessment Rating Scales/Child Functional Assessment Rating Scales (FARS/CFARS)*	*100% / 100% / Met*
	Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis	*100% / 100% / Met*
North Florida Behavioral Health Partners (Area 3)	*Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis*	*100% / 100% / Met*
	Improving Documentation of Communication Between Mental Health Practitioners and Primary Care Physicians in a PMHP	*97% / 100% / Met*

Table B-4 includes the following information for each NHDP health plan: PIP Study Topics and corresponding Validation Scores and Status.

Table B-4—Nursing Home Diversion Program Health Plans (NHDP Health Plans)		
Plan Name	**PIP Study**	**Validation Status**
American Eldercare, Inc.	*Care Plans Forwarded to PCPs Within 10 Days*	*87% / 92% / Partially Met*
	Timeliness of Services	*83% / 100% / Met*
Amerigroup Community Care	*Advance Directives*	*100% / 100% / Met*
	Timeliness of Services	*89% / 100% / Met*
Brevard Alzheimer's Foundation dba YourCare Brevard	*Advance Directives Completion by Members*	*83% / 100% / Met*
	Timeliness of Services	*78% / 100% / Partially Met*
Coventry Health Care of Florida, Inc.—VISTA	*Improving the Percentage of the Frail Elderly Who Execute an Advance Directive*	*89% / 91% / Not Met*
	Timeliness of Services	*77% / 100% / Partially Met*
Evercare Health and Home Connection	*Influenza Vaccine*	*90% / 100% / Met*
	Timeliness of Services	*86% / 100% / Met*
Florida Comfort Choice c/o Humana Medical Plan, Inc.	*Advance Directives*	*95% / 100% / Met*
	Timeliness of Services	*74% / 100% / Partially Met*
Hope of Southwest Florida, Inc.	*Documentation Compliance*	*100% / 100% / Met*
	Timeliness of Services	*85% / 100% / Met*
Little Havana Activities and Nutrition Centers, Inc.	*Medication Management*	*58% / 45% / Not Met*
	Timeliness of Services	*80% / 91% / Partially Met*
Miami Jewish Home and Hospital—Project Independence	*Hospital Readmission Rate*	*78% / 80% / Not Met*
	Timeliness of Services	*85% / 91% / Partially Met*
Molina HealthCare of Florida, Inc.	*Advance Directives*	*87% / 100% / Met*
	Timeliness of Services	*85% / 75% / Partially Met*
Neighborly Care Network	*Advance Directives*	*100% / 100% / Met*
	Timeliness of Services	*92% / 100% / Met*
Simply Healthcare Plans	*Advance Directives*	*83% / 89% / Not Met*
	Timeliness of Services	*95% / 100% / Met*
Sunshine State Health Plan—Tango	*Customer Satisfaction*	*90% / 100% / Met*
	Timeliness of Services	*89% / 100% / Met*

Table B-4—Nursing Home Diversion Program Health Plans (NHDP Health Plans)		
Plan Name	**PIP Study**	**Validation Status**
United Home Care Services	*Timeliness of Services*	*90% / 100% / Met*
	Using Home Monitoring Telehealth to Improve 30-day Readmission Rates for Clients Diagnosed with Cardiac Disease	*74% / 89% / Partially Met*
Universal Health Care, Inc.	*Advance Directives*	*89% / 82% / Partially Met*
	Timeliness of Services	*86% / 100% / Met*
Urban Jacksonville, Inc., Senior Connections	*Improving Delivery of Services by Tracking Completed Service Visits Versus Authorized Service Visits*	*75% / 70% / Not Met*
	Timeliness of Services	*83% / 100% / Met*
WorldNet Services Corporation	*Advance Directives*	*93% / 100% / Met*
	Timeliness of Services	*92% / 100% / Met*

Table B-5 includes the following information for each SIPP: PIP Study Topics and corresponding Validation Scores and Status.

Table B-5—Statewide Inpatient Psychiatric Programs (SIPPs)		
Plan Name	**PIP Study**	**Validation Status**
Alternate Family Care	*Achieving and Maintaining a Healthy Weight in SIPP Population*	*59% / 73% / Not Met*
	Seclusion & Restraints	*85% / 100% / Met*
BayCare Behavioral Health, Inc.	*Enhancing the Appropriate Use of Token Economy System*	*83% / 91% / Partially Met*
	Seclusion & Restraints	*84% / 100% / Met*
Citrus Health Network, Inc. —CATS	*Reducing Obesity in the SIPP Program*	*92% / 100% / Met*
	Seclusion & Restraints	*95% / 100% / Met*
Citrus Health Network, Inc. —RITS	*Reducing Obesity in the SIPP Program*	*92% / 100% / Met*
	Seclusion & Restraints	*95% / 100% / Met*
Daniel Memorial, Inc.	*Decreasing Childhood Obesity While in Residential Treatment*	*45% /36% / Not Met*
	Seclusion & Restraints	*66% / 91% / Partially Met*
Devereux Orlando	*Increasing the Rate of Staff Retention*	*79% / 100% / Partially Met*
	Seclusion & Restraints	*81% / 91% / Partially Met*
Jackson Memorial Hospital	*Patient Satisfaction*	*92% / 100% / Met*
	Seclusion & Restraints	*83% / 100% / Met*
La Amistad dba Central Florida Behavioral Hospital	*Minimizing Weight Gain in Patients in a Residential Psychiatric Setting*	*74% / 82% / Partially Met*
	Seclusion & Restraints	*83% / 100% / Met*
Lakeview Center, Inc.	*Increasing Family Participation in Treatment*	*83% / 82% / Partially Met*
	Seclusion & Restraints	*84% / 100% / Met*
Manatee Palms Youth Services	*Body Mass Index (BMI)*	*81% / 73% / Not Met*
	Seclusion & Restraints	*90% / 100% / Met*
Sandy Pines	*Seclusion & Restraints*	*88% / 100% / Met*
	Staff-Initiated Versus Resident-Initiated Timeouts	*96% / 100% / Met*
The Vines	*Reduction in Readmission to Inpatient Psychiatric Setting Following Discharge from SIPP*	*63% / 58% / Not Met*
	Seclusion & Restraints	*74% / 91% / Partially Met*
University Behavioral Center	*Reduction of Returned Incident Reports*	*78% / 100% / Partially Met*
	Seclusion & Restraints	*83% / 100% / Met*

Appendix C displays MCO-specific performance measure results. The appendix is organized into sections by MCO model type.

HMOs/PSNs

This section presents the HMOs'/PSNs' Medicaid HEDIS 2013 results by dimension of care compared to the national HEDIS 2012 Medicaid percentiles. The results are rounded to the second decimal place to be consistent with the display of the national percentiles. In some instances, the rounded rates may appear the same; however, the more precise rates are not identical. In these instances, additional decimal places were used to determine the performance level.

The tables in this section contain symbols in the Performance Level Analysis column and abbreviations in the 2013 Rate column. The definition for the symbols and abbreviations are noted below.

Since many of the measures are Agency-defined measures, they did not have national percentiles available for comparison. For a list of HMOs/PSNs and their shortened name, please see Appendix D.

Symbols used in the Performance Level Analysis column and 2013 Rate column include the following:

Symbols in the Performance Level Analysis Column	
★	One star indicates below-average performance relative to national Medicaid results
★★	Two stars indicate average performance relative to national Medicaid results
★★★	Three stars indicate above-average performance relative to national Medicaid results
+ +	Two plus signs indicate performance level analysis is not applicable for utilization measures (*Ambulatory Care* and *Mental Health Utilization)*
- -	Two dashes indicate that a national Medicaid result is not available to compare or that the MCO rate was reported as *NA*
Symbols in the 2013 Rate Column	
NR	Indicates *Not Reportable* for one of the following reasons: ♦ The calculated rate was materially biased, or ♦ The HMO/PSN chose not to report the measure, or ♦ The HMO/PSN was not required to report the measure.
NA	Indicates *Not Applicable* because the rate had a small denominator (i.e., the HMO/PSN followed the specifications but the denominator was too small [< 30] to report a valid rate).
NB	Indicates *No Benefit* (i.e., the HMO/PSN did not offer the health benefits required by the measure).

Table C-1 contains the HEDIS 2013 rates and performance level analysis results for Amerigroup.

Table C-1—Florida Medicaid HEDIS 2013 Results Summary Table for Amerigroup Community Care (Amerigroup)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	★★	0.46%
	Well-Child Visits in the First 15 Months of Life—1 visit	★★	1.39%
	Well-Child Visits in the First 15 Months of Life—2 visits	★	1.85%
	Well-Child Visits in the First 15 Months of Life—3 visits	★	3.47%
	Well-Child Visits in the First 15 Months of Life—4 visits	★	4.40%
	Well-Child Visits in the First 15 Months of Life—5 visits	★	10.88%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	★★★	77.55%
	Well-Child Visits in the 3rd–6th Years of Life	★★	74.31%
	Lead Screening in Children	★★	58.70%
	Adolescent Well-Care Visits	★★	56.48%
	Annual Dental Visit—2–3 years	- -	*NB*
	Annual Dental Visit—4–6 years	- -	*NB*
	Annual Dental Visit—7–10 years	- -	*NB*
	Annual Dental Visit—11–14 years	- -	*NB*
	Annual Dental Visit—15–18 years	- -	*NB*
	Annual Dental Visit—19–21 years	- -	*NB*
	Annual Dental Visit—Total	- -	*NB*
	Childhood Immunization Status—Combination 2	★★★	84.45%
	Childhood Immunization Status—Combination 3	★★	78.89%
	Immunizations for Adolescents—Combination 1	★★	58.06%
	Immunizations for Adolescents—Meningococcal	★★	59.48%
	Immunizations for Adolescents—Tdap/Td	★★	80.81%
	Appropriate Testing for Children With Pharyngitis	★★	71.20%
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	★★	51.10%
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	★★	62.01%
Women's Care	*Cervical Cancer Screening*	★	59.15%
	Chlamydia Screening in Women—16–20 Years	★★	59.14%
	Chlamydia Screening in Women—21–24 Years	★★★	72.99%
	Chlamydia Screening in Women—Total	★★	63.42%
	Breast Cancer Screening	★★	54.76%
	Timeliness of Prenatal Care	★	77.09%
	Postpartum Care	★★	58.71%
	Prenatal Care Frequency	- -	72.32%
Living With Illness	*Diabetes Care—HbA1c Testing*	★★	82.39%
	Diabetes Care—HbA1c Poor Control	★★	39.50%
	Diabetes Care—HbA1c Control (<8%)	★★	50.56%
	Diabetes Care—LDL-C Screening	★★★	83.52%
	Diabetes Care—LDL-C Control (<100 mg/dL)	★★	37.70%

Table C-1—Florida Medicaid HEDIS 2013 Results Summary Table for Amerigroup Community Care (Amerigroup)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Diabetes Care—Eye Exam (Retinal) Performed	★★	53.72%
	Diabetes Care—Medical Attention for Nephropathy	★★	78.78%
	Controlling High Blood Pressure	★★	66.29%
	Adult BMI Assessment	★★★	81.77%
	Use of Appropriate Medications for People With Asthma—5–11 years	★	87.32%
	Use of Appropriate Medications for People With Asthma—12–18 years	★	81.31%
	Use of Appropriate Medications for People With Asthma—19–50 years	★★	76.11%
	Use of Appropriate Medications for People With Asthma—51–64 years	★	57.89%
	Use of Appropriate Medications for People With Asthma—Total	★★	83.38%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	16.89%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	10.96%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	72.15%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	47.49%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	17.35%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	10.50%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	72.15%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	47.49%
	HIV-Related Medical Visits—0 Visits	- -	10.96%
	HIV-Related Medical Visits—1 Visit	- -	12.33%
	HIV-Related Medical Visits—>=2 Visits	- -	76.71%
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	53.42%
	Highly Active Anti-Retroviral Treatment	- -	57.22%
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	66.85%
	Lipid Profile Annually	- -	79.85%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	274.38
	Ambulatory Care—ED Visits per 1,000 MM	+ +	64.82
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	68.65%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★★	84.83%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	★★	86.61%
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	74.08%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★★	97.66%
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	90.27%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	88.61%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	86.09%
	Call Abandonment	★★	2.04%
	Call Answer Timeliness	★	77.81%
	Transportation Availability	- -	*NB*
	Transportation Timeliness	- -	*NB*
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	43.19%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	59.75%

Table C-1—Florida Medicaid HEDIS 2013 Results Summary Table for Amerigroup Community Care (Amerigroup)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Antidepressant Medication Management—Effective Acute Phase Treatment	★★	57.02%
	Antidepressant Medication Management—Effective Continuation Phase Treatment	★★	39.67%
	Mental Health Readmission Rate	- -	39.21%

Amerigroup performed above the national Medicaid average for five measures and below the national average for 12 measures.

Table C-2 contains the HEDIS 2013 rates and performance level analysis results for Better Health—Reform and Better Health—Non-Reform.

Table C-2—Florida Medicaid HEDIS 2013 Results Summary Table for Better Health					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	- -	*NA*	★★	0.73%
	Well-Child Visits in the First 15 Months of Life—1 visit	- -	*NA*	★★	1.70%
	Well-Child Visits in the First 15 Months of Life—2 visits	- -	*NA*	★★	2.43%
	Well-Child Visits in the First 15 Months of Life—3 visits	- -	*NA*	★★	8.27%
	Well-Child Visits in the First 15 Months of Life—4 visits	- -	*NA*	★★★	15.82%
	Well-Child Visits in the First 15 Months of Life—5 visits	- -	*NA*	★★★	23.36%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	- -	*NA*	★	47.69%
	Well-Child Visits in the 3rd–6th Years of Life	★★	71.90%	★★	76.16%
	Lead Screening in Children	- -	*NA*	★★	58.39%
	Adolescent Well-Care Visits	★	35.58%	★★	58.15%
	Annual Dental Visit—2–3 years	- -	*NB*	★★	24.06%
	Annual Dental Visit—4–6 years	- -	*NB*	★★	47.15%
	Annual Dental Visit—7–10 years	- -	*NB*	★	49.99%
	Annual Dental Visit—11–14 years	- -	*NB*	★	41.66%
	Annual Dental Visit—15–18 years	- -	*NB*	★★	52.04%
	Annual Dental Visit—19–21 years	- -	*NB*	★★	31.84%
	Annual Dental Visit—Total	- -	*NB*	★★	43.70%
	Childhood Immunization Status—Combination 2	- -	*NA*	★★	72.51%
	Childhood Immunization Status—Combination 3	- -	*NA*	★★	67.15%
	Immunizations for Adolescents—Combination 1	- -	*NA*	★★	63.50%
	Immunizations for Adolescents—Meningococcal	- -	*NA*	★★	65.69%
	Immunizations for Adolescents—Tdap/Td	- -	*NA*	★★	75.91%
	Appropriate Testing for Children With Pharyngitis	- -	*NA*	★★	69.92%
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	- -	*NA*	★	28.00%
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	- -	*NA*	- -	*NA*
Women's Care	*Cervical Cancer Screening*	★	35.90%	★	58.15%
	Chlamydia Screening in Women—16–20 Years	- -	*NA*	★★	62.87%
	Chlamydia Screening in Women—21–24 Years	- -	*NA*	★★	72.37%
	Chlamydia Screening in Women—Total	- -	*NA*	★★	66.12%
	Breast Cancer Screening	- -	*NA*	★★	49.81%
	Timeliness of Prenatal Care	- -	*NA*	★	69.87%
	Postpartum Care	- -	*NA*	★	57.92%
	Prenatal Care Frequency	- -	*NA*	- -	64.42%
Living With Illness	*Diabetes Care—HbA1c Testing*	- -	*NA*	★	78.10%
	Diabetes Care—HbA1c Poor Control	- -	*NA*	★	53.53%

Table C-2—Florida Medicaid HEDIS 2013 Results Summary Table for Better Health					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Diabetes Care—HbA1c Control (<8%)	- -	*NA*	★	40.63%
	Diabetes Care—LDL-C Screening	- -	*NA*	★★	81.27%
	Diabetes Care—LDL-C Control (<100 mg/dL)	- -	*NA*	★★	28.71%
	Diabetes Care—Eye Exam (Retinal) Performed	- -	*NA*	★	35.52%
	Diabetes Care—Medical Attention for Nephropathy	- -	*NA*	★★	86.86%
	Controlling High Blood Pressure	- -	*NA*	★	48.18%
	Adult BMI Assessment	- -	*NA*	★★	60.34%
	Use of Appropriate Medications for People With Asthma—5–11 years	- -	*NA*	★	79.09%
	Use of Appropriate Medications for People With Asthma—12–18 years	- -	*NA*	★	72.62%
	Use of Appropriate Medications for People With Asthma—19–50 years	- -	*NA*	★	59.57%
	Use of Appropriate Medications for People With Asthma—51–64 years	- -	*NA*	- -	NA
	Use of Appropriate Medications for People With Asthma—Total	- -	*NA*	★	73.80%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	*NA*	- -	31.30%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	*NA*	- -	3.05%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	*NA*	- -	65.65%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	*NA*	- -	8.40%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	*NA*	- -	29.01%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	*NA*	- -	3.82%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	*NA*	- -	67.18%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	*NA*	- -	0.00%
	HIV-Related Medical Visits—0 Visits	- -	*NA*	- -	28.24%
	HIV-Related Medical Visits—1 Visit	- -	*NA*	- -	19.08%
	HIV-Related Medical Visits—>=2 Visits	- -	*NA*	- -	52.67%
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	*NA*	- -	0.00%
	Highly Active Anti-Retroviral Treatment	- -	*NA*	- -	41.33%
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	*NA*	- -	72.22%
	Lipid Profile Annually	- -	*NA*	- -	83.45%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	243.95	+ +	414.64
	Ambulatory Care—ED Visits per 1,000 MM	+ +	84.92	+ +	78.19
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	49.15%	★	68.18%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★	52.38%	★★	84.52%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	- -	*NA*	★	75.32%
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	51.85%	★	74.18%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★	91.67%	★★	97.90%

Table C-2—Florida Medicaid HEDIS 2013 Results Summary Table for Better Health					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	81.46%	- -	92.13%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	*NA*	- -	88.24%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	*NA*	- -	83.50%
	Call Abandonment	★★	4.13%	★★	4.13%
	Call Answer Timeliness	★★	87.66%	★★	87.66%
	Transportation Availability	- -	*NB*	- -	100.00%
	Transportation Timeliness	- -	*NB*	- -	95.13%
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	12.77%	- -	11.39%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	*NA*	- -	20.46%
	Antidepressant Medication Management—Effective Acute Phase Treatment	- -	*NA*	★★★	63.04%
	Antidepressant Medication Management—Effective Continuation Phase Treatment	- -	*NA*	★★★	50.00%
	Mental Health Readmission Rate	- -	77.52%	- -	75.20%

As a Non-Reform plan, Better Health performed below the national average for six measures. Most of the Non-Reform measures had either an NA or NB audit designation result. As a Reform plan, Better Health performed above the national average for four measures and below the national average for 19 measures.

Table C-3 contains the HEDIS 2013 rates and performance level analysis results for Buena Vista.

Table C-3—Florida Medicaid HEDIS 2013 Results Summary Table for Coventry Health Care of Florida, Inc.—Buena Vista (Buena Vista)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	★★	2.31%
	Well-Child Visits in the First 15 Months of Life—1 visit	★★	1.85%
	Well-Child Visits in the First 15 Months of Life—2 visits	★★	3.47%
	Well-Child Visits in the First 15 Months of Life—3 visits	★★	7.18%
	Well-Child Visits in the First 15 Months of Life—4 visits	★★★	13.66%
	Well-Child Visits in the First 15 Months of Life—5 visits	★★	13.89%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	★★	57.64%
	Well-Child Visits in the 3rd–6th Years of Life	★★	72.22%
	Lead Screening in Children	★	36.57%
	Adolescent Well-Care Visits	★★	46.99%
	Annual Dental Visit—2–3 years	- -	*NB*
	Annual Dental Visit—4–6 years	- -	*NB*
	Annual Dental Visit—7–10 years	- -	*NB*
	Annual Dental Visit—11–14 years	- -	*NB*
	Annual Dental Visit—15–18 years	- -	*NB*
	Annual Dental Visit—19–21 years	- -	*NB*
	Annual Dental Visit—Total	- -	*NB*
	Childhood Immunization Status—Combination 2	★★	69.21%
	Childhood Immunization Status—Combination 3	★	64.12%
	Immunizations for Adolescents—Combination 1	★	49.36%
	Immunizations for Adolescents—Meningococcal	★	51.65%
	Immunizations for Adolescents—Tdap/Td	★★	75.32%
	Appropriate Testing for Children With Pharyngitis	★★	63.42%
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	★★	39.86%
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	- -	*NA*
Women's Care	*Cervical Cancer Screening*	★★	61.95%
	Chlamydia Screening in Women—16–20 Years	★★	57.10%
	Chlamydia Screening in Women—21–24 Years	★★★	72.86%
	Chlamydia Screening in Women—Total	★★	64.51%
	Breast Cancer Screening	★★	50.29%
	Timeliness of Prenatal Care	★	78.17%
	Postpartum Care	★	47.22%
	Prenatal Care Frequency	- -	69.05%
Living With Illness	*Diabetes Care—HbA1c Testing*	★	78.24%
	Diabetes Care—HbA1c Poor Control	★★	48.15%
	Diabetes Care—HbA1c Control (<8%)	★★	45.37%
	Diabetes Care—LDL-C Screening	★★	74.54%
	Diabetes Care—LDL-C Control (<100 mg/dL)	★★	31.71%

Table C-3—Florida Medicaid HEDIS 2013 Results Summary Table for Coventry Health Care of Florida, Inc.—Buena Vista (Buena Vista)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Diabetes Care—Eye Exam (Retinal) Performed	★	44.21%
	Diabetes Care—Medical Attention for Nephropathy	★★	76.16%
	Controlling High Blood Pressure	★★	51.45%
	Adult BMI Assessment	★★	76.33%
	Use of Appropriate Medications for People With Asthma—5–11 years	★	82.08%
	Use of Appropriate Medications for People With Asthma—12–18 years	★	80.00%
	Use of Appropriate Medications for People With Asthma—19–50 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—51–64 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—Total	★	78.74%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	16.67%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	22.92%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	60.42%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	33.33%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	18.75%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	22.92%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	58.33%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	33.33%
	HIV-Related Medical Visits—0 Visits	- -	10.42%
	HIV-Related Medical Visits—1 Visit	- -	16.67%
	HIV-Related Medical Visits—>=2 Visits	- -	72.92%
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	45.83%
	Highly Active Anti-Retroviral Treatment	- -	47.73%
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	62.99%
	Lipid Profile Annually	- -	77.67%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	256.56
	Ambulatory Care—ED Visits per 1,000 MM	+ +	70.19
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	71.81%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★	83.60%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	★	65.03%
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	74.06%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★★	96.44%
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	85.82%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	81.70%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	80.80%
	Call Abandonment	★★	1.91%
	Call Answer Timeliness	★★	80.30%
	Transportation Availability	- -	*NB*
	Transportation Timeliness	- -	*NB*
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	19.76%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	36.98%
	Antidepressant Medication Management—Effective Acute Phase Treatment	★★	57.63%
	Antidepressant Medication Management—Effective Continuation Phase Treatment	★★	33.90%

Table C-3—Florida Medicaid HEDIS 2013 Results Summary Table for Coventry Health Care of Florida, Inc.—Buena Vista (Buena Vista)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Mental Health Readmission Rate	- -	21.01%

Buena Vista performed above the national Medicaid average for two measures and below the national average for 15 measures.

Table C-4 contains the HEDIS 2013 rates and performance level analysis results for CMS.

Table C-4—Florida Medicaid HEDIS 2013 Results Summary Table for Children's Medical Services (CMS)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	★★★	0.00%
	Well-Child Visits in the First 15 Months of Life—1 visit	★★	1.52%
	Well-Child Visits in the First 15 Months of Life—2 visits	★★	3.03%
	Well-Child Visits in the First 15 Months of Life—3 visits	★	3.03%
	Well-Child Visits in the First 15 Months of Life—4 visits	★★	7.58%
	Well-Child Visits in the First 15 Months of Life—5 visits	★★	13.64%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	★★	71.21%
	Well-Child Visits in the 3rd-6th Years of Life	★★	78.44%
	Lead Screening in Children	★★	72.92%
	Adolescent Well-Care Visits	★★	60.61%
	Annual Dental Visit—2–3 years	★★	30.65%
	Annual Dental Visit—4–6 years	★★	51.73%
	Annual Dental Visit—7–10 years	★★	57.74%
	Annual Dental Visit—11–14 years	★★	54.30%
	Annual Dental Visit—15–18 years	★★	46.56%
	Annual Dental Visit—19–21 years	★★	40.20%
	Annual Dental Visit—Total	★★	50.31%
	Childhood Immunization Status—Combination 2	★★	82.28%
	Childhood Immunization Status—Combination 3	★★	78.06%
	Immunizations for Adolescents—Combination 1	★★	75.32%
	Immunizations for Adolescents—Meningococcal	★★	76.62%
	Immunizations for Adolescents—Tdap/Td	★★	87.66%
	Appropriate Testing for Children With Pharyngitis	★★	74.67%
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	★★★	54.50%
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	★★	63.04%
Women's Care	*Cervical Cancer Screening*	- -	*NA*
	Chlamydia Screening in Women—16–20 Years	★	47.93%
	Chlamydia Screening in Women—21–24 Years	- -	*NA*
	Chlamydia Screening in Women—Total	★	47.93%
	Breast Cancer Screening	- -	*NA*
	Timeliness of Prenatal Care	- -	*NA*
	Postpartum Care	- -	*NA*
	Prenatal Care Frequency	- -	*NA*
Living With Illness	*Diabetes Care—HbA1c Testing*	- -	*NA*
	Diabetes Care—HbA1c Poor Control	- -	*NA*
	Diabetes Care—HbA1c Control (<8%)	- -	*NA*
	Diabetes Care—LDL-C Screening	- -	*NA*
	Diabetes Care—LDL-C Control (<100 mg/dL)	- -	*NA*

Table C-4—Florida Medicaid HEDIS 2013 Results Summary Table for Children's Medical Services (CMS)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Diabetes Care—Eye Exam (Retinal) Performed	- -	*NA*
	Diabetes Care—Medical Attention for Nephropathy	- -	*NA*
	Controlling High Blood Pressure	- -	*NA*
	Adult BMI Assessment	★★	54.84%
	Use of Appropriate Medications for People With Asthma—5–11 years	★	86.62%
	Use of Appropriate Medications for People With Asthma—12–18 years	★	83.54%
	Use of Appropriate Medications for People With Asthma—19–50 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—51–64 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—Total	★★	85.29%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	5.88%
	Frequency of HIV Disease Monitoring Lab Tests CD4)—1 Test	- -	3.92%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	90.20%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	66.67%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	7.84%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	3.92%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	88.24%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	62.75%
	HIV-Related Medical Visits—0 Visits	- -	1.96%
	HIV-Related Medical Visits—1 Visit	- -	3.92%
	HIV-Related Medical Visits—>=2 Visits	- -	94.12%
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	74.51%
	Highly Active Anti-Retroviral Treatment	- -	86.05%
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	*NA*
	Lipid Profile Annually	- -	*NA*
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	551.47
	Ambulatory Care—ED Visits per 1,000 MM	+ +	72.09
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★★★	93.41%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	- -	*NA*
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	- -	*NA*
	Adults' Access to Preventive/Ambulatory Health Services—Total	★★★	93.41%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★★★	99.62%
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	96.48%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	96.68%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	96.64%
	Call Abandonment	★★	3.51%
	Call Answer Timeliness	★	78.09%
	Transportation Availability	- -	99.97%
	Transportation Timeliness	- -	69.40%
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	43.84%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	76.36%
	Antidepressant Medication Management—Effective Acute Phase Treatment	- -	*NA*

Table C-4—Florida Medicaid HEDIS 2013 Results Summary Table for Children's Medical Services (CMS)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Antidepressant Medication Management—Effective Continuation Phase Treatment	- -	*NA*
	Mental Health Readmission Rate	- -	16.67%

CMS performed above the national Medicaid average for five measures and below the national average for six measures.

Table C-5 contains the HEDIS 2013 rates and performance level analysis results for Preferred Care—Reform and Preferred Care—Non-Reform.

Table C-5—Florida Medicaid HEDIS 2013 Results Summary Table for Preferred Care Partners dba CareFlorida (Preferred Care)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	- -	*NA*	★	19.35%
	Well-Child Visits in the First 15 Months of Life—1 visit	- -	*NA*	★	0.00%
	Well-Child Visits in the First 15 Months of Life—2 visits	- -	*NA*	★★★	12.90%
	Well-Child Visits in the First 15 Months of Life—3 visits	- -	*NA*	★★★	19.35%
	Well-Child Visits in the First 15 Months of Life—4 visits	- -	*NA*	★★★	16.13%
	Well-Child Visits in the First 15 Months of Life—5 visits	- -	*NA*	★★★	25.81%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	- -	*NA*	★	6.45%
	Well-Child Visits in the 3rd-6th Years of Life	★	58.25%	★★	69.83%
	Lead Screening in Children	- -	*NA*	- -	*NA*
	Adolescent Well-Care Visits	★	37.75%	★★	42.91%
	Annual Dental Visit—2–3 years	- -	*NA*	★	3.70%
	Annual Dental Visit—4–6 years	- -	*NA*	★	17.39%
	Annual Dental Visit—7–10 years	- -	*NA*	★	35.29%
	Annual Dental Visit—11–14 years	- -	*NA*	★	29.13%
	Annual Dental Visit—15–18 years	- -	*NA*	★	25.00%
	Annual Dental Visit—19–21 years	- -	*NA*	★	16.98%
	Annual Dental Visit—Total	- -	*NA*	★	23.84%
	Childhood Immunization Status—Combination 2	- -	*NA*	- -	*NA*
	Childhood Immunization Status—Combination 3	- -	*NA*	- -	*NA*
	Immunizations for Adolescents—Combination 1	- -	*NA*	- -	*NA*
	Immunizations for Adolescents—Meningococcal	- -	*NA*	- -	*NA*
	Immunizations for Adolescents—Tdap/Td	- -	*NA*	- -	*NA*
	Appropriate Testing for Children With Pharyngitis	- -	*NA*	- -	*NA*
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	- -	*NA*	- -	*NA*
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	- -	*NA*	- -	*NA*
Women's Care	*Cervical Cancer Screening*	★	35.59%	★	34.11%
	Chlamydia Screening in Women—16–20 Years	- -	*NA*	- -	*NA*
	Chlamydia Screening in Women—21–24 Years	- -	*NA*	- -	*NA*
	Chlamydia Screening in Women—Total	★	33.33%	★	51.85%
	Breast Cancer Screening	- -	*NA*	- -	*NA*
	Timeliness of Prenatal Care	- -	*NA*	- -	*NA*
	Postpartum Care	- -	*NA*	- -	*NA*
	Prenatal Care Frequency	- -	*NA*	- -	*NA*
Living With Illness	*Diabetes Care—HbA1c Testing*	★	65.63%	★★	80.00%
	Diabetes Care—HbA1c Poor Control	★★	46.88%	★★	45.00%

Table C-5—Florida Medicaid HEDIS 2013 Results Summary Table for Preferred Care Partners dba CareFlorida (Preferred Care)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Diabetes Care—HbA1c Control (<8%)	★★	50.00%	★★	48.33%
	Diabetes Care—LDL-C Screening	★	65.63%	★★★	85.00%
	Diabetes Care—LDL-C Control (<100 mg/dL)	★	25.00%	★★	38.33%
	Diabetes Care—Eye Exam (Retinal) Performed	★	34.38%	★★	46.67%
	Diabetes Care—Medical Attention for Nephropathy	★★	81.25%	★★★	95.00%
	Controlling High Blood Pressure	★	44.90%	★★	53.25%
	Adult BMI Assessment	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—5–11 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—12–18 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—19–50 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—51–64 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—Total	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	*NA*	- -	*NA*
	HIV-Related Medical Visits—0 Visits	- -	*NA*	- -	*NA*
	HIV-Related Medical Visits—1 Visit	- -	*NA*	- -	*NA*
	HIV-Related Medical Visits—>=2 Visits	- -	*NA*	- -	*NA*
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	*NA*	- -	*NA*
	Highly Active Anti-Retroviral Treatment	- -	*NA*	- -	*NA*
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	*NA*	- -	*NA*
	Lipid Profile Annually	- -	71.43%	- -	85.71%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	200.86	+ +	247.71
	Ambulatory Care—ED Visits per 1,000 MM	+ +	58.17	+ +	77.23
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	50.00%	★	57.75%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★	59.82%	★	75.00%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	★	58.46%	★	60.27%
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	54.24%	★	63.00%

Table C-5—Florida Medicaid HEDIS 2013 Results Summary Table for Preferred Care Partners dba CareFlorida (Preferred Care)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★	78.02%	★	86.67%
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	67.19%	- -	74.48%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	*NA*	- -	*NA*
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	*NA*	- -	*NA*
	Call Abandonment	★★	1.37%	★★	1.37%
	Call Answer Timeliness	★★	91.62%	★★	91.62%
	Transportation Availability	- -	*NR*	- -	*NA*
	Transportation Timeliness	- -	*NR*	- -	*NA*
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	*NA*	- -	*NA*
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	*NA*	- -	*NA*
	Antidepressant Medication Management—Effective Acute Phase Treatment	- -	*NA*	- -	*NA*
	Antidepressant Medication Management—Effective Continuation Phase Treatment	- -	*NA*	- -	*NA*
	Mental Health Readmission Rate	- -	4.00%	- -	8.97%

As a Non-Reform HMO, Preferred Care did not have any measures that were above the national Medicaid average and rates were below the national average for 14 measures. Most of the Non-Reform measures had an NA or NR audit designation result. As a Reform HMO, Preferred Care performed above the national average for six measures and below the national average for 17 measures.

Table C-6 contains the HEDIS 2013 rates and performance level analysis results for Clear Health.

Table C-6—Florida Medicaid HEDIS 2013 Results Summary Table for Clear Health Alliance (Clear Health)

Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—1 visit	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—2 visits	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—3 visits	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—4 visits	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—5 visits	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—6+ Visits	- -	*NA*
	Well-Child Visits in the 3rd-6th Years of Life	- -	*NA*
	Lead Screening in Children	- -	*NA*
	Adolescent Well-Care Visits	- -	*NA*
	Annual Dental Visit—2–3 years	- -	*NB*
	Annual Dental Visit—4–6 years	- -	*NB*
	Annual Dental Visit—7–10 years	- -	*NB*
	Annual Dental Visit—11–14 years	- -	*NB*
	Annual Dental Visit—15–18 years	- -	*NB*
	Annual Dental Visit—19–21 years	- -	*NB*
	Annual Dental Visit—Total	- -	*NB*
	Childhood Immunization Status—Combination 2	- -	*NA*
	Childhood Immunization Status—Combination 3	- -	*NA*
	Immunizations for Adolescents—Combination 1	- -	*NA*
	Immunizations for Adolescents—Meningococcal	- -	*NA*
	Immunizations for Adolescents—Tdap/Td	- -	*NA*
	Appropriate Testing for Children With Pharyngitis	- -	*NA*
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	- -	*NA*
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	- -	*NA*
Women's Care	*Cervical Cancer Screening*	- -	*NA*
	Chlamydia Screening in Women—16–20 Years	- -	*NA*
	Chlamydia Screening in Women—21–24 Years	- -	*NA*
	Chlamydia Screening in Women—Total	- -	*NA*
	Breast Cancer Screening	- -	*NA*
	Timeliness of Prenatal Care	- -	*NA*
	Postpartum Care	- -	*NA*
	Prenatal Care Frequency	- -	*NA*
Living With Illness	*Diabetes Care—HbA1c Testing*	- -	*NA*
	Diabetes Care—HbA1c Poor Control	- -	*NA*
	Diabetes Care—HbA1c Control (<8%)	- -	*NA*
	Diabetes Care—LDL-C Screening	- -	*NA*
	Diabetes Care—LDL-C Control (<100 mg/dL)	- -	*NA*
	Diabetes Care—Eye Exam (Retinal) Performed	- -	*NA*

Table C-6—Florida Medicaid HEDIS 2013 Results Summary Table for Clear Health Alliance (Clear Health)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Diabetes Care—Medical Attention for Nephropathy	- -	*NA*
	Controlling High Blood Pressure	- -	*NA*
	Adult BMI Assessment	- -	*NA*
	Use of Appropriate Medications for People With Asthma—5–11 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—12–18 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—19–50 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—51–64 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—Total	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	*NA*
	HIV-Related Medical Visits—0 Visits	- -	*NA*
	HIV-Related Medical Visits—1 Visit	- -	*NA*
	HIV-Related Medical Visits—>=2 Visits	- -	*NA*
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	*NA*
	Highly Active Anti-Retroviral Treatment	- -	*NA*
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	*NA*
	Lipid Profile Annually	- -	*NA*
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	309.86
	Ambulatory Care—ED Visits per 1,000 MM	+ +	191.46
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	- -	*NA*
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	- -	*NA*
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	- -	*NA*
	Adults' Access to Preventive/Ambulatory Health Services—Total	- -	*NA*
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	- -	*NA*
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	*NA*
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	*NA*
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	*NA*
	Call Abandonment	- -	*NA*
	Call Answer Timeliness	- -	*NA*
	Transportation Availability	- -	*NA*
	Transportation Timeliness	- -	*NA*
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	13.79%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	18.42%
	Antidepressant Medication Management—Effective Acute Phase Treatment	- -	*NA*
	Antidepressant Medication Management—Effective Continuation Phase Treatment	- -	*NA*

Table C-6—Florida Medicaid HEDIS 2013 Results Summary Table for Clear Health Alliance (Clear Health)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Mental Health Readmission Rate	- -	34.88%

Clear Health only had five measures with valid, reportable rates. Since these measures are Agency-defined measures, national percentiles are not available for comparison. The remaining measures had either an NA or NB audit designation result.

Table C-7 contains the HEDIS 2013 rates and performance level analysis results for First Coast.

Table C-7—Florida Medicaid HEDIS 2013 Results Summary Table for First Coast Advantage, LLC (First Coast)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	★★	2.43%
	Well-Child Visits in the First 15 Months of Life—1 visit	★★	1.77%
	Well-Child Visits in the First 15 Months of Life—2 visits	★★	2.43%
	Well-Child Visits in the First 15 Months of Life—3 visits	★★	6.62%
	Well-Child Visits in the First 15 Months of Life—4 visits	★★	8.83%
	Well-Child Visits in the First 15 Months of Life—5 visits	★★	20.09%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	★★	57.84%
	Well-Child Visits in the 3rd-6th Years of Life	★★	72.19%
	Lead Screening in Children	★	43.15%
	Adolescent Well-Care Visits	★	35.76%
	Annual Dental Visit—2–3 years	★★	28.23%
	Annual Dental Visit—4–6 years	★★	51.84%
	Annual Dental Visit—7–10 years	★★	58.95%
	Annual Dental Visit—11–14 years	★★	48.41%
	Annual Dental Visit—15–18 years	★★	41.53%
	Annual Dental Visit—19–21 years	★★	26.54%
	Annual Dental Visit—Total	★★	46.63%
	Childhood Immunization Status—Combination 2	★★	80.13%
	Childhood Immunization Status—Combination 3	★★	73.51%
	Immunizations for Adolescents—Combination 1	★	48.12%
	Immunizations for Adolescents—Meningococcal	★	48.79%
	Immunizations for Adolescents—Tdap/Td	★★	76.60%
	Appropriate Testing for Children With Pharyngitis	★★	58.94%
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	★★	45.35%
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	★★	57.41%
Women's Care	*Cervical Cancer Screening*	★	61.43%
	Chlamydia Screening in Women—16–20 Years	★★	54.23%
	Chlamydia Screening in Women—21–24 Years	★★	71.18%
	Chlamydia Screening in Women—Total	★★	61.94%
	Breast Cancer Screening	★★	56.15%
	Timeliness of Prenatal Care	★	60.94%
	Postpartum Care	★	41.88%
	Prenatal Care Frequency	- -	46.59%
Living With Illness	*Diabetes Care—HbA1c Testing*	★★	82.30%
	Diabetes Care—HbA1c Poor Control	★★	45.13%
	Diabetes Care—HbA1c Control (<8%)	★★	44.69%
	Diabetes Care—LDL-C Screening	★★	81.42%
	Diabetes Care—LDL-C Control (<100 mg/dL)	★★	34.96%
	Diabetes Care—Eye Exam (Retinal) Performed	★★	50.22%

Table C-7—Florida Medicaid HEDIS 2013 Results Summary Table for First Coast Advantage, LLC (First Coast)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Diabetes Care—Medical Attention for Nephropathy	★★	83.19%
	Controlling High Blood Pressure	★★	51.79%
	Adult BMI Assessment	★★★	91.39%
	Use of Appropriate Medications for People With Asthma—5–11 years	★	84.94%
	Use of Appropriate Medications for People With Asthma—12–18 years	★	79.01%
	Use of Appropriate Medications for People With Asthma—19–50 years	★★	72.07%
	Use of Appropriate Medications for People With Asthma—51–64 years	★	62.79%
	Use of Appropriate Medications for People With Asthma—Total	★	78.87%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	13.45%
	Frequency of HIV Disease Monitoring Lab Tests(CD4)—1 Test	- -	9.80%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	76.75%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	54.62%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	10.92%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	12.89%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	76.19%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	53.78%
	HIV-Related Medical Visits—0 Visits	- -	4.20%
	HIV-Related Medical Visits—1 Visit	- -	10.92%
	HIV-Related Medical Visits—>=2 Visits	- -	84.87%
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	68.07%
	Highly Active Anti-Retroviral Treatment	- -	78.93%
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	74.36%
	Lipid Profile Annually	- -	78.03%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	315.04
	Ambulatory Care—ED Visits per 1,000 MM	+ +	79.73
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	73.09%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★★	88.55%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	★★	90.59%
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	78.43%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★	87.03%
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	77.61%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	77.30%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	74.43%
	Call Abandonment	★★★	7.25%
	Call Answer Timeliness	★	65.48%
	Transportation Availability	- -	100.00%
	Transportation Timeliness	- -	97.18%
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	19.18%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	41.33%
	Antidepressant Medication Management—Effective Acute Phase Treatment	★★★	66.01%
	Antidepressant Medication Management—Effective Continuation Phase Treatment	★★★	59.11%

Table C-7—Florida Medicaid HEDIS 2013 Results Summary Table for First Coast Advantage, LLC (First Coast)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Mental Health Readmission Rate	- -	17.15%

First Coast performed above the national Medicaid average for four measures and below the national average for 15 measures.

Table C-8 below contains the HEDIS 2013 rates and performance level analysis results for First Coast Central.

Table C-8—Florida Medicaid HEDIS 2013 Results Summary Table for First Coast Advantage Central (First Coast Central)

Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—1 visit	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—2 visits	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—3 visits	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—4 visits	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—5 visits	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—6+ Visits	- -	*NA*
	Well-Child Visits in the 3rd-6th Years of Life	- -	*NA*
	Lead Screening in Children	- -	*NA*
	Adolescent Well-Care Visits	- -	*NA*
	Annual Dental Visit—2–3 years	- -	*NA*
	Annual Dental Visit—4–6 years	- -	*NA*
	Annual Dental Visit—7–10 years	- -	*NA*
	Annual Dental Visit—11–14 years	- -	*NA*
	Annual Dental Visit—15–18 years	- -	*NA*
	Annual Dental Visit—19–21 years	- -	*NA*
	Annual Dental Visit—Total	- -	*NA*
	Childhood Immunization Status—Combination 2	- -	*NA*
	Childhood Immunization Status—Combination 3	- -	*NA*
	Immunizations for Adolescents—Combination 1	- -	*NA*
	Immunizations for Adolescents—Meningococcal	- -	*NA*
	Immunizations for Adolescents—Tdap/Td	- -	*NA*
	Appropriate Testing for Children With Pharyngitis	- -	*NA*
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	- -	*NA*
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	- -	*NA*
Women's Care	*Cervical Cancer Screening*	- -	*NA*
	Chlamydia Screening in Women—16–20 Years	- -	*NA*
	Chlamydia Screening in Women—21–24 Years	- -	*NA*
	Chlamydia Screening in Women—Total	- -	*NA*
	Breast Cancer Screening	- -	*NA*
	Timeliness of Prenatal Care	- -	*NA*
	Postpartum Care	- -	*NA*
	Prenatal Care Frequency	- -	*NA*
Living With Illness	*Diabetes Care—HbA1c Testing*	- -	*NA*
	Diabetes Care—HbA1c Poor Control	- -	*NA*
	Diabetes Care—HbA1c Control (<8%)	- -	*NA*
	Diabetes Care—LDL-C Screening	- -	*NA*
	Diabetes Care—LDL-C Control (<100 mg/dL)	- -	*NA*

Table C-8—Florida Medicaid HEDIS 2013 Results Summary Table for First Coast Advantage Central (First Coast Central)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Diabetes Care—Eye Exam (Retinal) Performed	- -	*NA*
	Diabetes Care—Medical Attention for Nephropathy	- -	*NA*
	Controlling High Blood Pressure	- -	*NA*
	Adult BMI Assessment	- -	*NA*
	Use of Appropriate Medications for People With Asthma—5–11 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—12–18 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—19–50 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—51–64 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—Total	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests(VL)—0 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests(VL)—1 Test	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests(VL)—>=2 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests(VL)—>= 2 Tests (182)	- -	*NA*
	HIV-Related Medical Visits—0 Visits	- -	*NA*
	HIV-Related Medical Visits—1 Visit	- -	*NA*
	HIV-Related Medical Visits—>=2 Visits	- -	*NA*
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	*NA*
	Highly Active Anti-Retroviral Treatment	- -	*NA*
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	*NA*
	Lipid Profile Annually	- -	*NA*
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	269.51
	Ambulatory Care—ED Visits per 1,000 MM	+ +	97.10
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	- -	*NA*
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	- -	*NA*
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	- -	*NA*
	Adults' Access to Preventive/Ambulatory Health Services—Total	- -	*NA*
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	- -	*NA*
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	*NA*
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	*NA*
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	*NA*
	Call Abandonment	★★★	7.18%
	Call Answer Timeliness	★	60.12%
	Transportation Availability	- -	*NB*
	Transportation Timeliness	- -	*NB*
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	*NA*
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	*NA*
	Antidepressant Medication Management—Effective Acute Phase Treatment	- -	*NA*

Table C-8—Florida Medicaid HEDIS 2013 Results Summary Table for First Coast Advantage Central (First Coast Central)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Antidepressant Medication Management—Effective Continuation Phase Treatment	- -	*NA*
	Mental Health Readmission Rate	- -	*NA*

First Coast Central had four measures with valid, reportable rates. One measure was above the national Medicaid average and one was below the national average. The remaining measures had either an NA or NB audit designation result.

Table C-9 contains the HEDIS 2013 rates and performance level analysis results for Freedom—Reform and Freedom—Non-Reform.

Table C-9—Florida Medicaid HEDIS 2013 Results Summary Table for Freedom Health, Inc. (Freedom)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	★	6.81%	★★	1.25%
	Well-Child Visits in the First 15 Months of Life—1 visit	★★★	6.33%	★★	1.25%
	Well-Child Visits in the First 15 Months of Life—2 visits	★★	3.65%	★★	5.00%
	Well-Child Visits in the First 15 Months of Life—3 visits	★★	6.33%	★★	6.25%
	Well-Child Visits in the First 15 Months of Life—4 visits	★★★	15.82%	★★	11.25%
	Well-Child Visits in the First 15 Months of Life—5 visits	★★★	23.84%	★★★	27.50%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	★	37.23%	★	47.50%
	Well-Child Visits in the 3rd-6th Years of Life	★★	67.64%	★★	71.29%
	Lead Screening in Children	★	45.50%	★	49.42%
	Adolescent Well-Care Visits	★	39.66%	★★	45.99%
	Annual Dental Visit—2–3 years	- -	*NB*	★★	26.92%
	Annual Dental Visit—4–6 years	- -	*NB*	★	39.14%
	Annual Dental Visit—7–10 years	- -	*NB*	★	43.23%
	Annual Dental Visit—11–14 years	- -	*NB*	★	40.74%
	Annual Dental Visit—15–18 years	- -	*NB*	★	37.14%
	Annual Dental Visit—19–21 years	- -	*NB*	★★	32.47%
	Annual Dental Visit—Total	- -	*NB*	★	37.24%
	Childhood Immunization Status—Combination 2	★	67.40%	★	58.14%
	Childhood Immunization Status—Combination 3	★	61.07%	★	53.49%
	Immunizations for Adolescents—Combination 1	★★	56.81%	★★	60.32%
	Immunizations for Adolescents—Meningococcal	★★	58.12%	★★	61.90%
	Immunizations for Adolescents—Tdap/Td	★★	74.87%	★★	79.37%
	Appropriate Testing for Children With Pharyngitis	★	54.37%	★★	63.16%
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	★★★	59.26%	- -	*NA*
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	- -	*NA*	- -	*NA*
Women's Care	*Cervical Cancer Screening*	★	54.01%	★	61.31%
	Chlamydia Screening in Women—16–20 Years	★★	50.16%	★★	56.14%
	Chlamydia Screening in Women—21–24 Years	★★	68.29%	★★	66.67%
	Chlamydia Screening in Women—Total	★★	59.41%	★★	61.11%
	Breast Cancer Screening	★★	46.47%	★★	53.00%
	Timeliness of Prenatal Care	★	73.15%	★	70.59%
	Postpartum Care	★	51.34%	★	54.90%
	Prenatal Care Frequency	- -	65.44%	- -	66.67%
Living With Illness	*Diabetes Care—HbA1c Testing*	★	70.83%	★	78.10%
	Diabetes Care—HbA1c Poor Control	★★	48.96%	★★	43.81%

Table C-9—Florida Medicaid HEDIS 2013 Results Summary Table for Freedom Health, Inc. (Freedom)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Diabetes Care—HbA1c Control (<8%)	★★	44.79%	★★	48.57%
	Diabetes Care—LDL-C Screening	★	69.27%	★★	81.90%
	Diabetes Care—LDL-C Control (<100 mg/dL)	★★	30.21%	★★	36.19%
	Diabetes Care—Eye Exam (Retinal) Performed	★★	45.83%	★★	56.19%
	Diabetes Care—Medical Attention for Nephropathy	★	72.92%	★★	78.10%
	Controlling High Blood Pressure	★★	56.69%	★★	58.54%
	Adult BMI Assessment	★★	68.86%	★★	60.59%
	Use of Appropriate Medications for People With Asthma—5–11 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—12–18 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—19–50 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—51–64 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—Total	★	69.57%	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	*NA*	- -	*NA*
	HIV-Related Medical Visits—0 Visits	- -	*NA*	- -	*NA*
	HIV-Related Medical Visits—1 Visit	- -	*NA*	- -	*NA*
	HIV-Related Medical Visits—>=2 Visits	- -	*NA*	- -	*NA*
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	*NA*	- -	*NA*
	Highly Active Anti-Retroviral Treatment	- -	*NA*	- -	*NA*
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	55.86%	- -	68.89%
	Lipid Profile Annually	- -	77.37%	- -	84.30%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	233.91	+ +	297.32
	Ambulatory Care—ED Visits per 1,000 MM	+ +	63.85	+ +	71.11
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	60.38%	★	66.72%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★	72.23%	★★	84.30%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	★	55.30%	★	75.27%
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	62.77%	★	72.43%

Table C-9—Florida Medicaid HEDIS 2013 Results Summary Table for Freedom Health, Inc. (Freedom)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★	88.03%	★★	98.13%
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	76.79%	- -	88.56%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	71.11%	- -	82.07%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	66.35%	- -	74.44%
	Call Abandonment	★★	2.40%	★★	2.40%
	Call Answer Timeliness	★★	87.35%	★★	87.35%
	Transportation Availability	- -	*NB*	- -	100.00%
	Transportation Timeliness	- -	*NB*	- -	96.74%
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	21.97%	- -	26.56%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	34.38%	- -	34.78%
	Antidepressant Medication Management—Effective Acute Phase Treatment	★★	54.55%	- -	*NA*
	Antidepressant Medication Management—Effective Continuation Phase Treatment	★★	36.36%	- -	*NA*
	Mental Health Readmission Rate	- -	28.06%	- -	27.27%

As a Non-Reform plan, Freedom performed above the national Medicaid average for four measures and below the national average for 19 measures. As a Reform plan, Freedom performed above the national average for one measure and below average for 16 measures.

Table C-10 contains the HEDIS 2013 rates and performance level analysis results for HealthEase.

Table C-10—Florida Medicaid HEDIS 2013 Results Summary Table for WellCare Health Plans, Inc.—HealthEase (HealthEase)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	★	2.43%
	Well-Child Visits in the First 15 Months of Life—1 visit	★★	1.22%
	Well-Child Visits in the First 15 Months of Life—2 visits	★★	3.65%
	Well-Child Visits in the First 15 Months of Life—3 visits	★★	5.84%
	Well-Child Visits in the First 15 Months of Life—4 visits	★★	11.92%
	Well-Child Visits in the First 15 Months of Life—5 visits	★★	21.41%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	★	53.53%
	Well-Child Visits in the 3rd-6th Years of Life	★★	71.25%
	Lead Screening in Children	★	56.20%
	Adolescent Well-Care Visits	★★	48.18%
	Annual Dental Visit—2–3 years	- -	*NB*
	Annual Dental Visit—4–6 years	- -	*NB*
	Annual Dental Visit—7–10 years	- -	*NB*
	Annual Dental Visit—11–14 years	- -	*NB*
	Annual Dental Visit—15–18 years	- -	*NB*
	Annual Dental Visit—19–21 years	- -	*NB*
	Annual Dental Visit—Total	- -	*NB*
	Childhood Immunization Status—Combination 2	★★	79.56%
	Childhood Immunization Status—Combination 3	★★	73.48%
	Immunizations for Adolescents—Combination 1	★★	59.12%
	Immunizations for Adolescents—Meningococcal	★★	60.83%
	Immunizations for Adolescents—Tdap/Td	★★	79.32%
	Appropriate Testing for Children With Pharyngitis	★	56.70%
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	★★	34.28%
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	★★	46.91%
Women's Care	*Cervical Cancer Screening*	★	54.59%
	Chlamydia Screening in Women—16–20 Years	★★	56.59%
	Chlamydia Screening in Women—21–24 Years	★★	66.96%
	Chlamydia Screening in Women—Total	★★	60.59%
	Breast Cancer Screening	★★	48.93%
	Timeliness of Prenatal Care	★	73.24%
	Postpartum Care	★	51.82%
	Prenatal Care Frequency	- -	62.53%
Living With Illness	*Diabetes Care—HbA1c Testing*	★★	78.59%
	+Diabetes Care—HbA1c Poor Control	★★	42.09%
	Diabetes Care—HbA1c Control (<8%)	★★	49.15%
	Diabetes Care—LDL-C Screening	★★	77.86%
	Diabetes Care—LDL-C Control (<100 mg/dL)	★★	43.80%
	Diabetes Care—Eye Exam (Retinal) Performed	★	40.15%

Table C-10—Florida Medicaid HEDIS 2013 Results Summary Table for WellCare Health Plans, Inc.—HealthEase (HealthEase)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Diabetes Care—Medical Attention for Nephropathy	★★	78.59%
	Controlling High Blood Pressure	★★	50.85%
	Adult BMI Assessment	★★	72.02%
	Use of Appropriate Medications for People With Asthma—5–11 years	★	85.58%
	Use of Appropriate Medications for People With Asthma—12–18 years	★	81.96%
	Use of Appropriate Medications for People With Asthma—19–50 years	★	67.20%
	Use of Appropriate Medications for People With Asthma—51–64 years	★	63.24%
	Use of Appropriate Medications for People With Asthma—Total	★	80.88%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	26.36%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	18.83%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	54.81%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	32.64%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	28.03%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	17.57%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	54.39%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	33.89%
	HIV-Related Medical Visits—0 Visits	- -	17.99%
	HIV-Related Medical Visits—1 Visit	- -	10.88%
	HIV-Related Medical Visits—>=2 Visits	- -	71.13%
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	46.86%
	Highly Active Anti-Retroviral Treatment	- -	57.35%
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	58.23%
	Lipid Profile Annually	- -	77.13%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	280.51
	Ambulatory Care—ED Visits per 1,000 MM	+ +	72.94
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	67.29%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★	80.87%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	★	63.06%
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	70.72%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★	95.51%
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	86.60%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	85.28%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	82.92%
	Call Abandonment	★★	2.46%
	Call Answer Timeliness	★★	83.75%
	Transportation Availability	- -	*NB*
	Transportation Timeliness	- -	*NB*
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	44.53%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	61.06%
	Antidepressant Medication Management—Effective Acute Phase Treatment	★★	48.66%
	Antidepressant Medication Management—Effective Continuation Phase Treatment	★★	34.28%

Table C-10—Florida Medicaid HEDIS 2013 Results Summary Table for WellCare Health Plans, Inc.—HealthEase (HealthEase)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Mental Health Readmission Rate	- -	20.83%

HealthEase did not perform above the national Medicaid average on any measure and performed below the national average for 18 measures.

Table C-11 contains the HEDIS 2013 rates and performance level analysis results for Healthy PB.

Table C-11—Florida Medicaid HEDIS 2013 Results Summary Table for Healthy Palm Beaches, Inc. (Healthy PB)

Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	★★	1.91%
	Well-Child Visits in the First 15 Months of Life—1 visit	★	0.96%
	Well-Child Visits in the First 15 Months of Life—2 visits	★★	2.55%
	Well-Child Visits in the First 15 Months of Life—3 visits	★★	7.32%
	Well-Child Visits in the First 15 Months of Life—4 visits	★★★	14.97%
	Well-Child Visits in the First 15 Months of Life—5 visits	★★	17.52%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	★★	54.78%
	Well-Child Visits in the 3rd-6th Years of Life	★★	79.08%
	Lead Screening in Children	★★	75.18%
	Adolescent Well-Care Visits	★★	48.18%
	Annual Dental Visit—2–3 years	★	14.30%
	Annual Dental Visit—4–6 years	★	25.50%
	Annual Dental Visit—7–10 years	★	32.48%
	Annual Dental Visit—11–14 years	★	22.09%
	Annual Dental Visit—15–18 years	★	16.62%
	Annual Dental Visit—19–21 years	★	17.22%
	Annual Dental Visit—Total	★	22.67%
	Childhood Immunization Status—Combination 2	★★	75.43%
	Childhood Immunization Status—Combination 3	★★	70.07%
	Immunizations for Adolescents—Combination 1	★★	70.97%
	Immunizations for Adolescents—Meningococcal	★★	71.51%
	Immunizations for Adolescents—Tdap/Td	★★	86.56%
	Appropriate Testing for Children With Pharyngitis	★★	67.65%
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	★	19.30%
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	- -	*NA*
Women's Care	*Cervical Cancer Screening*	★★	69.59%
	Chlamydia Screening in Women—16–20 Years	★★	61.95%
	Chlamydia Screening in Women—21–24 Years	★★★	78.49%
	Chlamydia Screening in Women—Total	★★★	69.42%
	Breast Cancer Screening	★	34.38%
	Timeliness of Prenatal Care	★	79.80%
	Postpartum Care	★★	60.61%
	Prenatal Care Frequency	- -	83.17%
Living With Illness	*Diabetes Care—HbA1c Testing*	★	74.55%
	Diabetes Care—HbA1c Poor Control	★	60.00%
	Diabetes Care—HbA1c Control (<8%)	★	21.82%
	Diabetes Care—LDL-C Screening	★★	76.36%
	Diabetes Care—LDL-C Control (<100 mg/dL)	★	18.18%
	Diabetes Care—Eye Exam (Retinal) Performed	★★	54.55%

Table C-11—Florida Medicaid HEDIS 2013 Results Summary Table for Healthy Palm Beaches, Inc. (Healthy PB)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Diabetes Care—Medical Attention for Nephropathy	★	69.09%
	Controlling High Blood Pressure	★	37.18%
	Adult BMI Assessment	★★	51.08%
	Use of Appropriate Medications for People With Asthma—5–11 years	★	77.19%
	Use of Appropriate Medications for People With Asthma—12–18 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—19–50 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—51–64 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—Total	★	76.74%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	*NA*
	HIV-Related Medical Visits—0 Visits	- -	*NA*
	HIV-Related Medical Visits—1 Visit	- -	*NA*
	HIV-Related Medical Visits—>=2 Visits	- -	*NA*
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	*NA*
	Highly Active Anti-Retroviral Treatment	- -	*NA*
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	*NA*
	Lipid Profile Annually	- -	67.95%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	316.48
	Ambulatory Care—ED Visits per 1,000 MM	+ +	54.19
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	68.88%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★	69.01%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	- -	*NA*
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	68.90%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★★	95.84%
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	90.55%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	87.34%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	82.07%
	Call Abandonment	★★	2.20%
	Call Answer Timeliness	★★	88.49%
	Transportation Availability	- -	*NB*
	Transportation Timeliness	- -	*NB*
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	*NA*
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	*NA*
	Antidepressant Medication Management—Effective Acute Phase Treatment	- -	*NA*
	Antidepressant Medication Management—Effective Continuation Phase Treatment	- -	*NA*

Table C-11—Florida Medicaid HEDIS 2013 Results Summary Table for Healthy Palm Beaches, Inc. (Healthy PB)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Mental Health Readmission Rate	- -	*NA*

Healthy PB performed above the national Medicaid average for three measures and below the national average for 22 measures.

Table C-12 contains the HEDIS 2013 rates and performance level analysis results for Humana—Reform and Humana—Non-Reform.

Table C-12—Florida Medicaid HEDIS 2013 Results Summary Table for Humana Family c/o Humana Medical Plan, Inc. (Humana)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	★	3.41%	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—1 visit	★★	2.43%	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—2 visits	★★	3.89%	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—3 visits	★★	8.03%	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—4 visits	★★	10.22%	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—5 visits	★★	17.03%	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—6+ Visits	★★	54.99%	- -	*NA*
	Well-Child Visits in the 3rd-6th Years of Life	★★	81.58%	★★	78.72%
	Lead Screening in Children	★★	75.67%	- -	*NA*
	Adolescent Well-Care Visits	★★	53.77%	★★	55.77%
	Annual Dental Visit—2–3 years	- -	*NB*	★★	41.94%
	Annual Dental Visit—4–6 years	- -	*NB*	★★	46.45%
	Annual Dental Visit—7–10 years	- -	*NB*	★	39.72%
	Annual Dental Visit—11–14 years	- -	*NB*	★	27.54%
	Annual Dental Visit—15–18 years	- -	*NB*	★	23.54%
	Annual Dental Visit—19–21 years	- -	*NB*	★	8.33%
	Annual Dental Visit—Total	- -	*NB*	★	33.74%
	Childhood Immunization Status—Combination 2	★★	71.05%	- -	*NA*
	Childhood Immunization Status—Combination 3	★★	65.94%	- -	*NA*
	Immunizations for Adolescents—Combination 1	★★	63.50%	★★	72.09%
	Immunizations for Adolescents—Meningococcal	★★	65.94%	★★	73.64%
	Immunizations for Adolescents—Tdap/Td	★★	83.21%	★★	85.27%
	Appropriate Testing for Children With Pharyngitis	★★	74.10%	★★	80.26%
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	★★	40.63%	- -	*NA*
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	- -	*NA*	- -	*NA*
Women's Care	*Cervical Cancer Screening*	★★	67.01%	★★	64.47%
	Chlamydia Screening in Women—16–20 Years	★★	55.36%	★★	52.27%
	Chlamydia Screening in Women—21–24 Years	★★	64.43%	- -	*NA*
	Chlamydia Screening in Women—Total	★★	58.80%	★★	54.13%
	Breast Cancer Screening	★★	61.85%	★★	59.37%
	Timeliness of Prenatal Care	★	72.24%	★	71.43%
	Postpartum Care	★	46.90%	★	40.00%
	Prenatal Care Frequency	- -	51.08%	- -	42.86%
Living With Illness	*Diabetes Care—HbA1c Testing*	★★	87.83%	★★	84.02%
	Diabetes Care—HbA1c Poor Control	★★	32.12%	★★	36.48%

Table C-12—Florida Medicaid HEDIS 2013 Results Summary Table for Humana Family c/o Humana Medical Plan, Inc. (Humana)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Diabetes Care—HbA1c Control (<8%)	★★	56.93%	★★	55.33%
	Diabetes Care—LDL-C Screening	★★★	86.62%	★★	82.38%
	Diabetes Care—LDL-C Control (<100 mg/dL)	★★	37.96%	★★	39.34%
	Diabetes Care—Eye Exam (Retinal) Performed	★★	51.34%	★★	58.20%
	Diabetes Care—Medical Attention for Nephropathy	★★★	89.54%	★★	86.07%
	Controlling High Blood Pressure	★★	62.29%	★★	65.10%
	Adult BMI Assessment	★★★	82.13%	★★★	87.36%
	Use of Appropriate Medications for People With Asthma—5–11 years	★	80.77%	★	83.02%
	Use of Appropriate Medications for People With Asthma—12–18 years	★	76.06%	- -	*NA*
	Use of Appropriate Medications for People With Asthma—19–50 years	★	59.52%	- -	*NA*
	Use of Appropriate Medications for People With Asthma—51–64 years	★★	75.00%	- -	*NA*
	Use of Appropriate Medications for People With Asthma—Total	★	76.71%	★	79.41%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	45.45%	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	6.29%	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	48.25%	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	27.97%	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	44.76%	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	16.08%	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	39.16%	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	23.78%	- -	*NA*
	HIV-Related Medical Visits—0 Visits	- -	46.85%	- -	*NA*
	HIV-Related Medical Visits—1 Visit	- -	4.90%	- -	*NA*
	HIV-Related Medical Visits—>=2 Visits	- -	48.25%	- -	*NA*
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	32.87%	- -	*NA*
	Highly Active Anti-Retroviral Treatment	- -	50.00%	- -	*NA*
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	70.06%	- -	68.47%
	Lipid Profile Annually	- -	85.98%	- -	87.11%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	335.68	+ +	339.26
	Ambulatory Care—ED Visits per 1,000 MM	+ +	55.52	+ +	62.31
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	68.61%	★	63.99%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★★	86.52%	★★	84.84%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	★★	87.85%	★★	86.57%

Table C-12—Florida Medicaid HEDIS 2013 Results Summary Table for Humana Family c/o Humana Medical Plan, Inc. (Humana)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	78.77%	★	77.41%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★	95.02%	- -	*NA*
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	87.99%	- -	92.01%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	86.63%	- -	93.95%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	82.29%	- -	85.11%
	Call Abandonment	★★	3.52%	★★	3.52%
	Call Answer Timeliness	★★★	96.48%	★★★	96.48%
	Transportation Availability	- -	100.00%	- -	100.00%
	Transportation Timeliness	- -	94.20%	- -	94.20%
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	18.29%	- -	22.22%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	29.64%	- -	38.46%
	Antidepressant Medication Management—Effective Acute Phase Treatment	★★	50.00%	- -	*NA*
	Antidepressant Medication Management—Effective Continuation Phase Treatment	★★	37.95%	- -	*NA*
	Mental Health Readmission Rate	- -	24.88%	- -	17.95%

As a Non-Reform plan, Humana performed above the national Medicaid average for four measures and below the national average for 10 measures. As a Reform plan, Humana performed above the national average for two measures and below average for 11 measures.

Table C-13 contains the HEDIS 2013 rates and performance level analysis results for Integral.

Table C-13—Florida Medicaid HEDIS 2013 Results Summary Table for Integral Quality Care (Integral)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	★	3.71%
	Well-Child Visits in the First 15 Months of Life—1 visit	★★	2.09%
	Well-Child Visits in the First 15 Months of Life—2 visits	★★	2.55%
	Well-Child Visits in the First 15 Months of Life—3 visits	★★	7.42%
	Well-Child Visits in the First 15 Months of Life—4 visits	★★	9.28%
	Well-Child Visits in the First 15 Months of Life—5 visits	★★	16.94%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	★★	58.00%
	Well-Child Visits in the 3rd-6th Years of Life	★★	69.21%
	Lead Screening in Children	★	56.71%
	Adolescent Well-Care Visits	★★	42.59%
	Annual Dental Visit—2–3 years	★★	22.64%
	Annual Dental Visit—4–6 years	★★	51.54%
	Annual Dental Visit—7–10 years	★★	55.04%
	Annual Dental Visit—11–14 years	★	43.10%
	Annual Dental Visit—15–18 years	★	34.68%
	Annual Dental Visit—19–21 years	★	20.88%
	Annual Dental Visit—Total	★★	42.68%
	Childhood Immunization Status—Combination 2	★★	81.94%
	Childhood Immunization Status—Combination 3	★★	75.93%
	Immunizations for Adolescents—Combination 1	★★	57.09%
	Immunizations for Adolescents—Meningococcal	★★	57.80%
	Immunizations for Adolescents—Tdap/Td	★★	80.85%
	Appropriate Testing for Children With Pharyngitis	★★	67.35%
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	★★	50.00%
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	- -	*NA*
Women's Care	*Cervical Cancer Screening*	★	48.00%
	Chlamydia Screening in Women—16–20 Years	★	43.93%
	Chlamydia Screening in Women—21–24 Years	★★	67.16%
	Chlamydia Screening in Women—Total	★★	54.07%
	Breast Cancer Screening	★	39.76%
	Timeliness of Prenatal Care	★	77.61%
	Postpartum Care	★★	64.68%
	Prenatal Care Frequency	- -	62.75%
Living With Illness	*Diabetes Care—HbA1c Testing*	★★	80.53%
	Diabetes Care—HbA1c Poor Control	★★	37.02%
	Diabetes Care—HbA1c Control (<8%)	★★	54.58%
	Diabetes Care—LDL-C Screening	★★	76.72%
	Diabetes Care—LDL-C Control (<100 mg/dL)	★★	33.97%
	Diabetes Care—Eye Exam (Retinal) Performed	★★	61.45%

Table C-13—Florida Medicaid HEDIS 2013 Results Summary Table for Integral Quality Care (Integral)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Diabetes Care—Medical Attention for Nephropathy	★★	77.10%
	Controlling High Blood Pressure	★★	59.04%
	Adult BMI Assessment	★★★	85.88%
	Use of Appropriate Medications for People With Asthma—5–11 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—12–18 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—19–50 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—51–64 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—Total	★	70.59%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	*NA*
	HIV-Related Medical Visits—0 Visits	- -	*NA*
	HIV-Related Medical Visits—1 Visit	- -	*NA*
	HIV-Related Medical Visits—>=2 Visits	- -	*NA*
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	*NA*
	Highly Active Anti-Retroviral Treatment	- -	*NA*
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	63.64%
	Lipid Profile Annually	- -	80.00%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	221.02
	Ambulatory Care—ED Visits per 1,000 MM	+ +	63.86
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	55.76%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★	75.32%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	★	63.64%
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	61.61%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★	95.37%
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	80.92%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	79.62%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	71.48%
	Call Abandonment	★★	1.93%
	Call Answer Timeliness	★★	88.94%
	Transportation Availability	- -	*NB*
	Transportation Timeliness	- -	*NB*
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	21.11%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	34.53%
	Antidepressant Medication Management—Effective Acute Phase Treatment	★★	48.65%
	Antidepressant Medication Management—Effective Continuation Phase Treatment	★★	37.84%

Table C-13—Florida Medicaid HEDIS 2013 Results Summary Table for Integral Quality Care (Integral)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Mental Health Readmission Rate	- -	22.11%

Integral performed above the national Medicaid average for one measure and below the national average for 15 measures.

Table C-14 contains the HEDIS 2013 rates and performance level analysis results for Medica—Reform and Medica—Non-Reform.

Table C-14—Florida Medicaid HEDIS 2013 Results Summary Table for Medica Health Plans of Florida (Medica)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	- -	*NA*	★	9.62%
	Well-Child Visits in the First 15 Months of Life—1 visit	- -	*NA*	★	0.00%
	Well-Child Visits in the First 15 Months of Life—2 visits	- -	*NA*	★★★	5.77%
	Well-Child Visits in the First 15 Months of Life—3 visits	- -	*NA*	★★	5.77%
	Well-Child Visits in the First 15 Months of Life—4 visits	- -	*NA*	★★	11.54%
	Well-Child Visits in the First 15 Months of Life—5 visits	- -	*NA*	★	7.69%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	- -	*NA*	★★	59.62%
	Well-Child Visits in the 3rd-6th Years of Life	★	51.43%	★★	66.56%
	Lead Screening in Children	★	46.51%	★	52.34%
	Adolescent Well-Care Visits	★	29.76%	★	37.92%
	Annual Dental Visit—2–3 years	- -	*NB*	★	7.73%
	Annual Dental Visit—4–6 years	- -	*NB*	★	22.17%
	Annual Dental Visit—7–10 years	- -	*NB*	★	21.61%
	Annual Dental Visit—11–14 years	- -	*NB*	★	15.91%
	Annual Dental Visit—15–18 years	- -	*NB*	★	10.56%
	Annual Dental Visit—19–21 years	- -	*NB*	★	22.22%
	Annual Dental Visit—Total	- -	*NB*	★	16.10%
	Childhood Immunization Status—Combination 2	★	62.79%	★★	70.54%
	Childhood Immunization Status—Combination 3	★	48.84%	★★	65.12%
	Immunizations for Adolescents—Combination 1	★	43.59%	★	43.59%
	Immunizations for Adolescents—Meningococcal	★	43.59%	★	46.15%
	Immunizations for Adolescents—Tdap/Td	★	64.10%	★	58.97%
	Appropriate Testing for Children With Pharyngitis	- -	*NA*	- -	*NA*
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	- -	*NA*	- -	*NA*
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	- -	*NA*	- -	*NA*
Women's Care	*Cervical Cancer Screening*	★	36.12%	★	41.78%
	Chlamydia Screening in Women—16–20 Years	- -	*NA*	- -	*NA*
	Chlamydia Screening in Women—21–24 Years	- -	*NA*	- -	*NA*
	Chlamydia Screening in Women—Total	★★	60.00%	★★	55.00%
	Breast Cancer Screening	★	29.31%	★★	47.56%
	Timeliness of Prenatal Care	- -	*NA*	- -	*NA*
	Postpartum Care	- -	*NA*	- -	*NA*
	Prenatal Care Frequency	- -	*NA*	- -	*NA*
Living With Illness	*Diabetes Care—HbA1c Testing*	★★	83.51%	★	76.32%
	Diabetes Care—HbA1c Poor Control	★★	49.48%	★★	47.37%

Table C-14—Florida Medicaid HEDIS 2013 Results Summary Table for Medica Health Plans of Florida (Medica)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Diabetes Care—HbA1c Control (<8%)	★★	43.30%	★★	50.00%
	Diabetes Care—LDL-C Screening	★★★	85.57%	★★	83.33%
	Diabetes Care—LDL-C Control (<100 mg/dL)	★★	34.02%	★★	35.96%
	Diabetes Care—Eye Exam (Retinal) Performed	★	35.05%	★★	50.00%
	Diabetes Care—Medical Attention for Nephropathy	★★	74.23%	★★	79.82%
	Controlling High Blood Pressure	★	40.82%	★★	52.23%
	Adult BMI Assessment	★	40.30%	★★	60.57%
	Use of Appropriate Medications for People With Asthma—5–11 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—12–18 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—19–50 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—51–64 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—Total	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	*NA*	- -	*NA*
	HIV-Related Medical Visits—0 Visits	- -	*NA*	- -	*NA*
	HIV-Related Medical Visits—1 Visit	- -	*NA*	- -	*NA*
	HIV-Related Medical Visits—>=2 Visits	- -	*NA*	- -	*NA*
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	*NA*	- -	*NA*
	Highly Active Anti-Retroviral Treatment	- -	*NA*	- -	*NA*
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	64.86%	- -	68.97%
	Lipid Profile Annually	- -	84.21%	- -	81.53%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	195.74	+ +	238.64
	Ambulatory Care—ED Visits per 1,000 MM	+ +	46.17	+ +	63.73
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	57.44%	★	63.77%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★	74.49%	★	82.29%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	★	69.39%	★	72.67%

Table C-14—Florida Medicaid HEDIS 2013 Results Summary Table for Medica Health Plans of Florida (Medica)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	65.33%	★	73.03%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★	80.26%	★	90.91%
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	66.42%	- -	83.14%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	64.10%	- -	79.79%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	59.83%	- -	65.44%
	Call Abandonment	★★	4.42%	★★	4.42%
	Call Answer Timeliness	★	50.05%	★	50.05%
	Transportation Availability	- -	*NB*	- -	100.00%
	Transportation Timeliness	- -	*NB*	- -	100.00%
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	2.35%	- -	0.94%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	8.70%	- -	0.00%
	Antidepressant Medication Management—Effective Acute Phase Treatment	- -	*NA*	- -	*NA*
	Antidepressant Medication Management—Effective Continuation Phase Treatment	- -	*NA*	- -	*NA*
	Mental Health Readmission Rate	- -	43.48%	- -	39.79%

As a Non-Reform plan, Medica performed above the national Medicaid average for one measure and below the national average for 19 measures. As a Reform plan, Medica performed above the national average for one measure and below average for 23 measures.

Table C-15 contains the HEDIS 2013 rates and performance level analysis results for Molina—Reform and Molina—Non-Reform.

Table C-15—Florida Medicaid HEDIS 2013 Results Summary Table for Molina Healthcare of Florida (Molina)

		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	★	3.94%	★	3.27%
	Well-Child Visits in the First 15 Months of Life—1 visit	★★★	3.94%	★★	2.34%
	Well-Child Visits in the First 15 Months of Life—2 visits	★★★	6.94%	★★★	5.14%
	Well-Child Visits in the First 15 Months of Life—3 visits	★★★	9.95%	★★	5.84%
	Well-Child Visits in the First 15 Months of Life—4 visits	★★★	16.20%	★★★	15.42%
	Well-Child Visits in the First 15 Months of Life—5 visits	★★	21.06%	★★	19.16%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	★	37.96%	★	48.83%
	Well-Child Visits in the 3rd-6th Years of Life	★★	70.49%	★★	76.85%
	Lead Screening in Children	★★	61.48%	★★	64.58%
	Adolescent Well-Care Visits	★★	43.06%	★★	51.62%
	Annual Dental Visit—2–3 years	★	15.37%	★★	28.12%
	Annual Dental Visit—4–6 years	★	32.61%	★★	50.30%
	Annual Dental Visit—7–10 years	★	34.64%	★★	53.09%
	Annual Dental Visit—11–14 years	★	31.18%	★	46.39%
	Annual Dental Visit—15–18 years	★	26.99%	★	38.73%
	Annual Dental Visit—19–21 years	★	20.27%	★★	25.82%
	Annual Dental Visit—Total	★	28.54%	★★	43.58%
	Childhood Immunization Status—Combination 2	★	67.98%	★★	73.15%
	Childhood Immunization Status—Combination 3	★	64.27%	★★	66.90%
	Immunizations for Adolescents—Combination 1	★	47.67%	★★	54.27%
	Immunizations for Adolescents—Meningococcal	★★	56.98%	★★	63.27%
	Immunizations for Adolescents—Tdap/Td	★	62.79%	★	69.67%
	Appropriate Testing for Children With Pharyngitis	★★	61.08%	★★	71.66%
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	★★	43.27%	★	31.97%
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	- -	*NA*	- -	*NA*
Women's Care	*Cervical Cancer Screening*	★	51.05%	★★	62.89%
	Chlamydia Screening in Women—16–20 Years	★★	55.73%	★★	64.97%
	Chlamydia Screening in Women—21–24 Years	★★★	75.54%	★★★	73.54%
	Chlamydia Screening in Women—Total	★★	64.12%	★★	68.32%
	Breast Cancer Screening	★	41.98%	★★	53.89%
	Timeliness of Prenatal Care	★	72.34%	★	75.00%
	Postpartum Care	★	45.86%	★	55.21%
	Prenatal Care Frequency	- -	69.03%	- -	73.26%
Living With	*Diabetes Care—HbA1c Testing*	★	73.61%	★★	80.93%

Table C-15—Florida Medicaid HEDIS 2013 Results Summary Table for Molina Healthcare of Florida (Molina)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
Illness	*Diabetes Care—HbA1c Poor Control*	★	52.99%	★★	43.24%
	Diabetes Care—HbA1c Control (<8%)	★	38.58%	★★	48.34%
	Diabetes Care—LDL-C Screening	★★	73.17%	★★	82.26%
	Diabetes Care—LDL-C Control (<100 mg/dL)	★★	31.49%	★★	33.70%
	Diabetes Care—Eye Exam (Retinal) Performed	★	40.35%	★★	48.12%
	Diabetes Care—Medical Attention for Nephropathy	★★	74.94%	★★	77.83%
	Controlling High Blood Pressure	★	43.69%	★	42.92%
	Adult BMI Assessment	★★	61.57%	★★	65.43%
	Use of Appropriate Medications for People With Asthma—5–11 years	- -	*NA*	★	71.05%
	Use of Appropriate Medications for People With Asthma—12–18 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—19–50 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—51–64 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—Total	★	64.00%	★	65.45%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	32.14%	- -	16.67%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	19.64%	- -	23.81%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	48.21%	- -	59.52%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	32.14%	- -	40.48%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	30.36%	- -	21.43%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	26.79%	- -	17.86%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	42.86%	- -	60.71%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	33.93%	- -	40.48%
	HIV-Related Medical Visits—0 Visits	- -	12.50%	- -	11.90%
	HIV-Related Medical Visits—1 Visit	- -	30.36%	- -	26.19%
	HIV-Related Medical Visits—>=2 Visits	- -	57.14%	- -	61.90%
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	39.29%	- -	38.10%
	Highly Active Anti-Retroviral Treatment	- -	73.17%	- -	85.33%
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	58.74%	- -	53.95%
	Lipid Profile Annually	- -	80.86%	- -	82.65%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	273.30	+ +	343.20
	Ambulatory Care—ED Visits per 1,000 MM	+ +	61.18	+ +	67.49
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	61.76%	★	68.27%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★	73.40%	★★	84.84%
	Adults' Access to Preventive/Ambulatory Health Services—65+	★	67.26%	★	77.05%

Table C-15—Florida Medicaid HEDIS 2013 Results Summary Table for Molina Healthcare of Florida (Molina)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Years				
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	65.62%	★	74.69%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★	94.41%	★	95.46%
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	85.34%	- -	90.29%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	81.39%	- -	85.70%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	76.37%	- -	80.99%
	Call Abandonment	★★	1.81%	★★	1.81%
	Call Answer Timeliness	★★	84.21%	★★	84.21%
	Transportation Availability	- -	*NB*	- -	100.00%
	Transportation Timeliness	- -	*NB*	- -	90.90%
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	33.33%	- -	31.58%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	35.96%	- -	35.29%
	Antidepressant Medication Management—Effective Acute Phase Treatment	★	43.81%	★	40.58%
	Antidepressant Medication Management—Effective Continuation Phase Treatment	★	27.62%	★★	30.43%
	Mental Health Readmission Rate	- -	18.35%	- -	25.84%

As a Non-Reform plan, Molina performed above the national Medicaid average for five measures and below the national average for 30 measures. As a Reform plan, Molina performed above the national average for three measures and below average for 16 measures.

Table C-16 contains the HEDIS 2013 rates and performance level analysis results for Positive—Reform and Positive—Non-Reform.

Table C-16—Florida Medicaid HEDIS 2013 Results Summary Table for AHF MCO of Florida, Inc. dba Positive Healthcare Florida (Positive)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	- -	*NA*	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—1 visit	- -	*NA*	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—2 visits	- -	*NA*	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—3 visits	- -	*NA*	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—4 visits	- -	*NA*	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—5 visits	- -	*NA*	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—6+ Visits	- -	*NA*	- -	*NA*
	Well-Child Visits in the 3rd-6th Years of Life	- -	*NA*	- -	*NA*
	Lead Screening in Children	- -	*NA*	- -	*NA*
	Adolescent Well-Care Visits	- -	*NA*	- -	*NA*
	Annual Dental Visit—2–3 years	- -	*NA*	- -	*NA*
	Annual Dental Visit—4–6 years	- -	*NA*	- -	*NA*
	Annual Dental Visit—7–10 years	- -	*NA*	- -	*NA*
	Annual Dental Visit—11–14 years	- -	*NA*	- -	*NA*
	Annual Dental Visit—15–18 years	- -	*NA*	- -	*NA*
	Annual Dental Visit—19–21 years	- -	*NA*	- -	*NA*
	Annual Dental Visit—Total	- -	*NA*	- -	*NA*
	Childhood Immunization Status—Combination 2	- -	*NA*	- -	*NA*
	Childhood Immunization Status—Combination 3	- -	*NA*	- -	*NA*
	Immunizations for Adolescents—Combination 1	- -	*NA*	- -	*NA*
	Immunizations for Adolescents—Meningococcal	- -	*NA*	- -	*NA*
	Immunizations for Adolescents—Tdap/Td	- -	*NA*	- -	*NA*
	Appropriate Testing for Children With Pharyngitis	- -	*NA*	- -	*NA*
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	- -	*NA*	- -	*NA*
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	- -	*NA*	- -	*NA*
Women's Care	*Cervical Cancer Screening*	- -	*NA*	★	40.00%
	Chlamydia Screening in Women—16–20 Years	- -	*NA*	- -	*NA*
	Chlamydia Screening in Women—21–24 Years	- -	*NA*	- -	*NA*
	Chlamydia Screening in Women—Total	- -	*NA*	- -	*NA*
	Breast Cancer Screening	- -	*NA*	- -	*NA*
	Timeliness of Prenatal Care	- -	*NA*	- -	*NA*
	Postpartum Care	- -	*NA*	- -	*NA*
	Prenatal Care Frequency	- -	*NA*	- -	*NA*
Living With Illness	*Diabetes Care—HbA1c Testing*	- -	*NA*	- -	*NA*
	Diabetes Care—HbA1c Poor Control	- -	*NA*	- -	*NA*

Table C-16—Florida Medicaid HEDIS 2013 Results Summary Table for AHF MCO of Florida, Inc. dba Positive Healthcare Florida (Positive)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Diabetes Care—HbA1c Control (<8%)	- -	*NA*	- -	*NA*
	Diabetes Care—LDL-C Screening	- -	*NA*	- -	*NA*
	Diabetes Care—LDL-C Control (<100 mg/dL)	- -	*NA*	- -	*NA*
	Diabetes Care—Eye Exam (Retinal) Performed	- -	*NA*	- -	*NA*
	Diabetes Care—Medical Attention for Nephropathy	- -	*NA*	- -	*NA*
	Controlling High Blood Pressure	- -	*NA*	★★	60.00%
	Adult BMI Assessment	- -	*NA*	★★★	85.71%
	Use of Appropriate Medications for People With Asthma—5–11 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—12–18 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—19–50 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—51–64 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—Total	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	*NA*	- -	6.40%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	*NA*	- -	8.00%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	*NA*	- -	85.60%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	*NA*	- -	62.40%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	*NA*	- -	4.80%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	*NA*	- -	8.80%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	*NA*	- -	86.40%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	*NA*	- -	64.80%
	HIV-Related Medical Visits—0 Visits	- -	*NA*	- -	7.20%
	HIV-Related Medical Visits—1 Visit	- -	*NA*	- -	3.20%
	HIV-Related Medical Visits—>=2 Visits	- -	*NA*	- -	89.60%
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	*NA*	- -	68.80%
	Highly Active Anti-Retroviral Treatment	- -	*NA*	- -	82.35%
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	*NA*	- -	*NA*
	Lipid Profile Annually	- -	*NA*	- -	54.29%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	205.13	+ +	581.51
	Ambulatory Care—ED Visits per 1,000 MM	+ +	111.11	+ +	99.27
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	- -	*NA*	★★★	90.91%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	- -	*NA*	★★★	94.00%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	- -	*NA*	- -	*NA*

Table C-16—Florida Medicaid HEDIS 2013 Results Summary Table for AHF MCO of Florida, Inc. dba Positive Healthcare Florida (Positive)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Adults' Access to Preventive/Ambulatory Health Services—Total	- -	*NA*	★★★	93.38%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	- -	*NA*	- -	*NA*
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	*NA*	- -	*NA*
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	*NA*	- -	*NA*
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	*NA*	- -	*NA*
	Call Abandonment	★★★	20.00%	★★★	12.43%
	Call Answer Timeliness	★★	87.50%	★★	84.86%
	Transportation Availability	- -	*NA*	- -	100.00%
	Transportation Timeliness	- -	*NA*	- -	99.80%
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	*NA*	- -	*NA*
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	*NA*	- -	*NA*
	Antidepressant Medication Management—Effective Acute Phase Treatment	- -	*NA*	- -	*NA*
	Antidepressant Medication Management—Effective Continuation Phase Treatment	- -	*NA*	- -	*NA*
	Mental Health Readmission Rate	- -	*NA*	- -	*NA*

As a Non-Reform plan, Positive had four measures with valid, reportable rates, one of which was above the national Medicaid average. None of the measures had a rate below the national average. However, most of the remaining measures had an NA audit designation result. As a Reform plan, Positive performed above the national average for five measures and below average for one measure. Many measures had an NA audit designation result.

Table C-17 contains the HEDIS 2013 rates and performance level analysis results for Preferred.

Table C-17—Florida Medicaid HEDIS 2013 Results Summary Table for Preferred Medical Plan, Inc. (Preferred)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	★	8.38%
	Well-Child Visits in the First 15 Months of Life—1 visit	★★	2.23%
	Well-Child Visits in the First 15 Months of Life—2 visits	★★	3.35%
	Well-Child Visits in the First 15 Months of Life—3 visits	★★	7.26%
	Well-Child Visits in the First 15 Months of Life—4 visits	★★	11.17%
	Well-Child Visits in the First 15 Months of Life—5 visits	★	6.70%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	★★	60.89%
	Well-Child Visits in the 3rd-6th Years of Life	★★	82.24%
	Lead Screening in Children	★	49.88%
	Adolescent Well-Care Visits	★★	60.10%
	Annual Dental Visit—2–3 years	- -	*NB*
	Annual Dental Visit—4–6 years	- -	*NB*
	Annual Dental Visit—7–10 years	- -	*NB*
	Annual Dental Visit—11–14 years	- -	*NB*
	Annual Dental Visit—15–18 years	- -	*NB*
	Annual Dental Visit—19–21 years	- -	*NB*
	Annual Dental Visit—Total	- -	*NB*
	Childhood Immunization Status—Combination 2	★	67.15%
	Childhood Immunization Status—Combination 3	★	59.61%
	Immunizations for Adolescents—Combination 1	★	36.16%
	Immunizations for Adolescents—Meningococcal	★	37.50%
	Immunizations for Adolescents—Tdap/Td	★★	72.32%
	Appropriate Testing for Children With Pharyngitis	★	38.89%
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	★★	44.00%
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	- -	*NA*
Women's Care	*Cervical Cancer Screening*	★	56.69%
	Chlamydia Screening in Women—16–20 Years	★★★	69.06%
	Chlamydia Screening in Women—21–24 Years	★★	68.29%
	Chlamydia Screening in Women—Total	★★	68.82%
	Breast Cancer Screening	★	34.79%
	Timeliness of Prenatal Care	★	77.39%
	Postpartum Care	★	56.52%
	Prenatal Care Frequency	- -	66.09%
Living With Illness	*Diabetes Care—HbA1c Testing*	★★	78.66%
	Diabetes Care—HbA1c Poor Control	★★	46.64%
	Diabetes Care—HbA1c Control (<8%)	★★	45.06%
	Diabetes Care—LDL-C Screening	★★	76.68%
	Diabetes Care—LDL-C Control (<100 mg/dL)	★★	40.71%
	Diabetes Care—Eye Exam (Retinal) Performed	★★	55.34%

Table C-17—Florida Medicaid HEDIS 2013 Results Summary Table for Preferred Medical Plan, Inc. (Preferred)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Diabetes Care—Medical Attention for Nephropathy	★★	80.63%
	Controlling High Blood Pressure	★★	62.03%
	Adult BMI Assessment	★★	66.42%
	Use of Appropriate Medications for People With Asthma—5–11 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—12–18 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—19–50 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—51–64 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—Total	★	51.22%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	*NA*
	HIV-Related Medical Visits—0 Visits	- -	*NA*
	HIV-Related Medical Visits—1 Visit	- -	*NA*
	HIV-Related Medical Visits—>=2 Visits	- -	*NA*
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	*NA*
	Highly Active Anti-Retroviral Treatment	- -	*NA*
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	50.00%
	Lipid Profile Annually	- -	77.97%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	181.55
	Ambulatory Care—ED Visits per 1,000 MM	+ +	49.11
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	57.21%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★	69.08%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	★	46.30%
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	56.85%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★	88.20%
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	82.34%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	81.65%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	81.44%
	Call Abandonment	★★	3.60%
	Call Answer Timeliness	★★★	96.40%
	Transportation Availability	- -	100.00%
	Transportation Timeliness	- -	82.53%
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	51.39%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	72.22%
	Antidepressant Medication Management—Effective Acute Phase Treatment	★	35.14%
	Antidepressant Medication Management—Effective Continuation Phase Treatment	★	21.62%

Table C-17—Florida Medicaid HEDIS 2013 Results Summary Table for Preferred Medical Plan, Inc. (Preferred)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Mental Health Readmission Rate	- -	3.96%

Preferred performed above the national Medicaid average for two measures and below the national average for 20 measures.

Table C-18 contains the HEDIS 2013 rates and performance level analysis results for Prestige.

Table C-18—Florida Medicaid HEDIS 2013 Results Summary Table for Prestige Health Choice (Prestige)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	★	5.11%
	Well-Child Visits in the First 15 Months of Life—1 visit	★★★	4.87%
	Well-Child Visits in the First 15 Months of Life—2 visits	★★	4.38%
	Well-Child Visits in the First 15 Months of Life—3 visits	★★	6.08%
	Well-Child Visits in the First 15 Months of Life—4 visits	★★★	14.60%
	Well-Child Visits in the First 15 Months of Life—5 visits	★	12.17%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	★	52.80%
	Well-Child Visits in the 3rd-6th Years of Life	★★	67.15%
	Lead Screening in Children	★★	65.94%
	Adolescent Well-Care Visits	★★	46.72%
	Annual Dental Visit—2–3 years	- -	*NB*
	Annual Dental Visit—4–6 years	- -	*NB*
	Annual Dental Visit—7–10 years	- -	*NB*
	Annual Dental Visit—11–14 years	- -	*NB*
	Annual Dental Visit—15–18 years	- -	*NB*
	Annual Dental Visit—19–21 years	★	12.90%
	Annual Dental Visit—Total	★	12.90%
	Childhood Immunization Status—Combination 2	★★	74.94%
	Childhood Immunization Status—Combination 3	★★	68.86%
	Immunizations for Adolescents—Combination 1	★★	63.75%
	Immunizations for Adolescents—Meningococcal	★★	64.72%
	Immunizations for Adolescents—Tdap/Td	★★	80.05%
	Appropriate Testing for Children With Pharyngitis	★	49.08%
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	★★	45.53%
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	★★	60.00%
Women's Care	*Cervical Cancer Screening*	★	48.18%
	Chlamydia Screening in Women—16–20 Years	★★	52.75%
	Chlamydia Screening in Women—21–24 Years	★★	65.11%
	Chlamydia Screening in Women—Total	★★	58.40%
	Breast Cancer Screening	★★	45.60%
	Timeliness of Prenatal Care	★	69.34%
	Postpartum Care	★	47.45%
	Prenatal Care Frequency	- -	63.02%
Living With Illness	*Diabetes Care—HbA1c Testing*	★★	81.51%
	Diabetes Care—HbA1c Poor Control	★★	41.36%
	Diabetes Care—HbA1c Control (<8%)	★★	48.66%
	Diabetes Care—LDL-C Screening	★★	78.10%
	Diabetes Care—LDL-C Control (<100 mg/dL)	★★	33.33%
	Diabetes Care—Eye Exam (Retinal) Performed	★★	49.15%

Table C-18—Florida Medicaid HEDIS 2013 Results Summary Table for Prestige Health Choice (Prestige)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Diabetes Care—Medical Attention for Nephropathy	★★	85.40%
	Controlling High Blood Pressure	★★	52.07%
	Adult BMI Assessment	★★★	83.45%
	Use of Appropriate Medications for People With Asthma—5–11 years	★	85.40%
	Use of Appropriate Medications for People With Asthma—12–18 years	★	75.00%
	Use of Appropriate Medications for People With Asthma—19–50 years	★	58.82%
	Use of Appropriate Medications for People With Asthma—51–64 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—Total	★	76.89%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	24.64%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	17.39%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	57.97%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	30.43%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	26.09%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	17.39%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	56.52%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	27.54%
	HIV-Related Medical Visits—0 Visits	- -	13.04%
	HIV-Related Medical Visits—1 Visit	- -	24.64%
	HIV-Related Medical Visits—>=2 Visits	- -	62.32%
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	37.68%
	Highly Active Anti-Retroviral Treatment	- -	54.39%
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	67.88%
	Lipid Profile Annually	- -	77.62%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	235.74
	Ambulatory Care—ED Visits per 1,000 MM	+ +	69.69
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	57.66%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★	74.01%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	★	63.91%
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	62.57%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★	92.90%
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	82.01%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	78.54%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	75.13%
	Call Abandonment	★★	3.37%
	Call Answer Timeliness	★★	80.82%
	Transportation Availability	- -	*NB*
	Transportation Timeliness	- -	*NB*
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	32.18%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	53.18%
	Antidepressant Medication Management—Effective Acute Phase Treatment	★★	59.70%
	Antidepressant Medication Management—Effective Continuation Phase Treatment	★★★	46.77%

Table C-18—Florida Medicaid HEDIS 2013 Results Summary Table for Prestige Health Choice (Prestige)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Mental Health Readmission Rate	- -	24.56%

Prestige performed above the national Medicaid average for four measures and below the national average for 18 measures.

Table C-19 contains the HEDIS 2013 rates and performance level analysis results for SFCCN—Reform and SFCCN—Non-Reform.

Table C-19—Florida Medicaid HEDIS 2013 Results Summary Table for South Florida Community Care Network (SFCCN)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	★	10.64%	★★	1.46%
	Well-Child Visits in the First 15 Months of Life—1 visit	★★★	4.26%	★★	0.97%
	Well-Child Visits in the First 15 Months of Life—2 visits	★★★	6.38%	★★	2.19%
	Well-Child Visits in the First 15 Months of Life—3 visits	★★	8.51%	★★	5.60%
	Well-Child Visits in the First 15 Months of Life—4 visits	★	6.38%	★★	7.79%
	Well-Child Visits in the First 15 Months of Life—5 visits	★★	20.21%	★★	15.82%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	★	43.62%	★★	66.18%
	Well-Child Visits in the 3rd-6th Years of Life	★★	70.07%	★★	81.15%
	Lead Screening in Children	★★	62.79%	★★	78.70%
	Adolescent Well-Care Visits	★	39.42%	★★	59.61%
	Annual Dental Visit—2–3 years	- -	*NB*	★★	24.37%
	Annual Dental Visit—4–6 years	- -	*NB*	★★	49.92%
	Annual Dental Visit—7–10 years	- -	*NB*	★★	54.67%
	Annual Dental Visit—11–14 years	- -	*NB*	★★	49.73%
	Annual Dental Visit—15–18 years	- -	*NB*	★	38.88%
	Annual Dental Visit—19–21 years	- -	*NB*	★★	26.06%
	Annual Dental Visit—Total	- -	*NB*	★★	43.19%
	Childhood Immunization Status—Combination 2	★	59.07%	★★	81.02%
	Childhood Immunization Status—Combination 3	★	49.77%	★★	77.37%
	Immunizations for Adolescents—Combination 1	★	40.00%	★★	71.60%
	Immunizations for Adolescents—Meningococcal	★	46.43%	★★	73.89%
	Immunizations for Adolescents—Tdap/Td	★	52.86%	★★	80.61%
	Appropriate Testing for Children With Pharyngitis	★	55.93%	★★	80.00%
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	★★★	58.97%	★★	37.10%
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	- -	*NA*	★★	47.06%
Women's Care	*Cervical Cancer Screening*	★	54.29%	★	54.74%
	Chlamydia Screening in Women—16–20 Years	★★	64.20%	★★	61.77%
	Chlamydia Screening in Women—21–24 Years	★★★	74.00%	★★	63.04%
	Chlamydia Screening in Women—Total	★★	67.94%	★★	62.12%
	Breast Cancer Screening	★★	52.97%	★★	61.52%
	Timeliness of Prenatal Care	★	46.55%	★	64.53%
	Postpartum Care	★★	60.34%	★★	62.82%
	Prenatal Care Frequency	- -	27.59%	- -	62.39%
Living With Illness	*Diabetes Care—HbA1c Testing*	★★	81.02%	★★	82.24%
	Diabetes Care—HbA1c Poor Control	★	55.72%	★★	43.07%

Table C-19—Florida Medicaid HEDIS 2013 Results Summary Table for South Florida Community Care Network (SFCCN)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Diabetes Care—HbA1c Control (<8%)	★	38.20%	★★	49.15%
	Diabetes Care—LDL-C Screening	★★★	84.67%	★★	80.54%
	Diabetes Care—LDL-C Control (<100 mg/dL)	★★	31.63%	★★	32.85%
	Diabetes Care—Eye Exam (Retinal) Performed	★	40.88%	★★	46.96%
	Diabetes Care—Medical Attention for Nephropathy	★★	83.45%	★★	77.37%
	Controlling High Blood Pressure	★★	54.99%	★★	54.01%
	Adult BMI Assessment	★★	59.77%	★	36.90%
	Use of Appropriate Medications for People With Asthma—5–11 years	★	86.96%	★	82.35%
	Use of Appropriate Medications for People With Asthma—12–18 years	★★★	93.55%	★	80.00%
	Use of Appropriate Medications for People With Asthma—19–50 years	- -	*NA*	★	66.67%
	Use of Appropriate Medications for People With Asthma—51–64 years	- -	*NA*	- -	*NB*
	Use of Appropriate Medications for People With Asthma—Total	★	80.99%	★	79.94%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	5.73%	- -	8.95%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	7.71%	- -	13.32%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	86.56%	- -	77.73%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	65.20%	- -	54.59%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	5.73%	- -	8.52%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	8.59%	- -	13.32%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	85.68%	- -	78.17%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	66.08%	- -	56.11%
	HIV-Related Medical Visits—0 Visits	- -	3.30%	- -	6.11%
	HIV-Related Medical Visits—1 Visit	- -	2.64%	- -	12.88%
	HIV-Related Medical Visits—>=2 Visits	- -	94.05%	- -	81.00%
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	82.16%	- -	53.49%
	Highly Active Anti-Retroviral Treatment	- -	63.18%	- -	60.22%
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	70.81%	- -	61.20%
	Lipid Profile Annually	- -	84.38%	- -	82.68%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	395.26	+ +	340.15
	Ambulatory Care—ED Visits per 1,000 MM	+ +	64.54	+ +	66.71
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	58.42%	★	61.47%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★★	86.47%	★	81.08%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	★	71.71%	★	77.57%

Table C-19—Florida Medicaid HEDIS 2013 Results Summary Table for South Florida Community Care Network (SFCCN)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	74.45%	★	71.55%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★	85.16%	★★	97.25%
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	76.70%	- -	92.28%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	76.35%	- -	90.41%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	68.66%	- -	84.28%
	Call Abandonment	★★	3.58%	★★	3.68%
	Call Answer Timeliness	★	77.35%	★	69.92%
	Transportation Availability	- -	*NB*	- -	100.00%
	Transportation Timeliness	- -	*NB*	- -	89.46%
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	32.00%	- -	29.73%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	53.33%	- -	50.62%
	Antidepressant Medication Management—Effective Acute Phase Treatment	- -	*NA*	★★	58.33%
	Antidepressant Medication Management—Effective Continuation Phase Treatment	- -	*NA*	★★	38.89%
	Mental Health Readmission Rate	- -	22.45%	- -	23.33%

As a Non-Reform plan, SFCCN performed above the national Medicaid average for six measures and below the national average for 22 measures. As a Reform plan, SFCCN performed above the national average for 13 measures. None of the Reform plan measures had rates below the national average.

Table C-20 contains the HEDIS 2013 rates and performance level analysis results for Simply Healthcare—Reform and Simply Healthcare—Non-Reform.

Table C-20—Florida Medicaid HEDIS 2013 Results Summary Table for Simply Healthcare Plans (Simply Healthcare)

		Non-Reform		Reform	
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**	**Performance Level Analysis**	**2013 Rate**
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	★	4.87%	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—1 visit	★★	2.43%	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—2 visits	★★	4.14%	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—3 visits	★★	7.79%	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—4 visits	★★★	16.79%	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—5 visits	★★★	23.11%	- -	*NA*
	Well-Child Visits in the First 15 Months of Life—6+ Visits	★	40.88%	- -	*NA*
	Well-Child Visits in the 3rd-6th Years of Life	★★	68.13%	- -	*NA*
	Lead Screening in Children	★	54.26%	- -	*NA*
	Adolescent Well-Care Visits	★★	48.66%	- -	*NA*
	Annual Dental Visit—2–3 years	- -	*NB*	- -	*NB*
	Annual Dental Visit—4–6 years	- -	*NB*	- -	*NB*
	Annual Dental Visit—7–10 years	- -	*NB*	- -	*NB*
	Annual Dental Visit—11–14 years	- -	*NB*	- -	*NB*
	Annual Dental Visit—15–18 years	- -	*NB*	- -	*NB*
	Annual Dental Visit—19–21 years	- -	*NB*	- -	*NB*
	Annual Dental Visit—Total	- -	*NB*	- -	*NB*
	Childhood Immunization Status—Combination 2	★	65.21%	- -	*NA*
	Childhood Immunization Status—Combination 3	★	59.12%	- -	*NA*
	Immunizations for Adolescents—Combination 1	★	46.88%	- -	*NA*
	Immunizations for Adolescents—Meningococcal	★	48.83%	- -	*NA*
	Immunizations for Adolescents—Tdap/Td	★	63.28%	- -	*NA*
	Appropriate Testing for Children With Pharyngitis	★	57.77%	- -	*NA*
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	★★	50.00%	- -	*NA*
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	- -	*NA*	- -	*NA*
Women's Care	*Cervical Cancer Screening*	★	46.47%	- -	*NA*
	Chlamydia Screening in Women—16–20 Years	★★	57.33%	- -	*NA*
	Chlamydia Screening in Women—21–24 Years	★★	68.28%	- -	*NA*
	Chlamydia Screening in Women—Total	★★	62.29%	- -	*NA*
	Breast Cancer Screening	★	31.82%	- -	*NA*
	Timeliness of Prenatal Care	★	61.88%	- -	*NA*
	Postpartum Care	★	41.44%	- -	*NA*
	Prenatal Care Frequency	- -	56.91%	- -	*NA*
Living With Illness	*Diabetes Care—HbA1c Testing*	★	76.03%	- -	*NA*
	Diabetes Care—HbA1c Poor Control	★	50.79%	- -	*NA*

Table C-20—Florida Medicaid HEDIS 2013 Results Summary Table for Simply Healthcare Plans (Simply Healthcare)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Diabetes Care—HbA1c Control (<8%)	★	41.32%	- -	*NA*
	Diabetes Care—LDL-C Screening	★★	77.29%	- -	*NA*
	Diabetes Care—LDL-C Control (<100 mg/dL)	★	27.44%	- -	*NA*
	Diabetes Care—Eye Exam (Retinal) Performed	★	29.34%	- -	*NA*
	Diabetes Care—Medical Attention for Nephropathy	★★	82.97%	- -	*NA*
	Controlling High Blood Pressure	★	41.61%	- -	*NA*
	Adult BMI Assessment	★★	63.75%	- -	*NA*
	Use of Appropriate Medications for People With Asthma—5–11 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—12–18 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—19–50 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—51–64 years	- -	*NA*	- -	*NA*
	Use of Appropriate Medications for People With Asthma—Total	★	76.09%	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	*NA*	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	*NA*	- -	*NA*
	HIV-Related Medical Visits—0 Visits	- -	*NA*	- -	*NA*
	HIV-Related Medical Visits—1 Visit	- -	*NA*	- -	*NA*
	HIV-Related Medical Visits—>=2 Visits	- -	*NA*	- -	*NA*
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	*NA*	- -	*NA*
	Highly Active Anti-Retroviral Treatment	- -	*NA*	- -	*NA*
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	64.81%	- -	*NA*
	Lipid Profile Annually	- -	82.48%	- -	*NA*
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	276.09	+ +	232.09
	Ambulatory Care—ED Visits per 1,000 MM	+ +	67.74	+ +	92.84
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	62.04%	- -	*NA*
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★	75.18%	- -	*NA*
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	★	61.37%	- -	*NA*

Table C-20—Florida Medicaid HEDIS 2013 Results Summary Table for Simply Healthcare Plans (Simply Healthcare)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	65.16%	- -	*NA*
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★	94.64%	- -	*NA*
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	84.48%	- -	*NA*
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	77.28%	- -	*NA*
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	77.00%	- -	*NA*
	Call Abandonment	★★	5.48%	- -	*NA*
	Call Answer Timeliness	★★	88.15%	- -	*NA*
	Transportation Availability	- -	NB	- -	*NA*
	Transportation Timeliness	- -	NB	- -	*NA*
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	11.88%	- -	*NA*
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	25.69%	- -	*NA*
	Antidepressant Medication Management—Effective Acute Phase Treatment	★★	60.00%	- -	*NA*
	Antidepressant Medication Management—Effective Continuation Phase Treatment	★★	40.00%	- -	*NA*
	Mental Health Readmission Rate	- -	31.42%	- -	*NA*

As a Non-Reform plan, Simply Healthcare performed above the national Medicaid average for two measures and below the national average for 25 measures. As a Reform plan, Simply Healthcare had all but two measures reporting either an NA or NB audit designation.

Table C-21 contains the HEDIS 2013 rates and performance level analysis results for Staywell.

Table C-21—Florida Medicaid HEDIS 2013 Results Summary Table for WellCare Health Plans, Inc.—Staywell (Staywell)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	★★	1.70%
	Well-Child Visits in the First 15 Months of Life—1 visit	★★	2.19%
	Well-Child Visits in the First 15 Months of Life—2 visits	★★	2.43%
	Well-Child Visits in the First 15 Months of Life—3 visits	★★	5.84%
	Well-Child Visits in the First 15 Months of Life—4 visits	★★★	13.38%
	Well-Child Visits in the First 15 Months of Life—5 visits	★★	21.65%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	★	52.80%
	Well-Child Visits in the 3rd-6th Years of Life	★★	76.30%
	Lead Screening in Children	★★	57.72%
	Adolescent Well-Care Visits	★★	53.04%
	Annual Dental Visit—2–3 years	- -	*NB*
	Annual Dental Visit—4–6 years	- -	*NB*
	Annual Dental Visit—7–10 years	- -	*NB*
	Annual Dental Visit—11–14 years	- -	*NB*
	Annual Dental Visit—15–18 years	- -	*NB*
	Annual Dental Visit—19–21 years	- -	*NB*
	Annual Dental Visit—Total	- -	*NB*
	Childhood Immunization Status—Combination 2	★★	82.73%
	Childhood Immunization Status—Combination 3	★★	77.13%
	Immunizations for Adolescents—Combination 1	★★	67.25%
	Immunizations for Adolescents—Meningococcal	★★	69.23%
	Immunizations for Adolescents—Tdap/Td	★★	85.36%
	Appropriate Testing for Children With Pharyngitis	★★	61.52%
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	★★	34.85%
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	★★	46.18%
Women's Care	*Cervical Cancer Screening*	★★	67.25%
	Chlamydia Screening in Women—16–20 Years	★★	55.88%
	Chlamydia Screening in Women—21–24 Years	★★	67.21%
	Chlamydia Screening in Women—Total	★★	59.57%
	Breast Cancer Screening	★★	50.87%
	Timeliness of Prenatal Care	★	74.94%
	Postpartum Care	★	52.31%
	Prenatal Care Frequency	- -	63.75%
Living With Illness	*Diabetes Care—HbA1c Testing*	★★	80.05%
	Diabetes Care—HbA1c Poor Control	★★	39.17%
	Diabetes Care—HbA1c Control (<8%)	★★	51.82%
	Diabetes Care—LDL-C Screening	★★	80.54%
	Diabetes Care—LDL-C Control (<100 mg/dL)	★★	37.71%
	Diabetes Care—Eye Exam (Retinal) Performed	★	43.55%

Table C-21—Florida Medicaid HEDIS 2013 Results Summary Table for WellCare Health Plans, Inc.—Staywell (Staywell)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Diabetes Care—Medical Attention for Nephropathy	★★	79.08%
	Controlling High Blood Pressure	★★	54.50%
	Adult BMI Assessment	★★★	80.32%
	Use of Appropriate Medications for People With Asthma—5–11 years	★	86.74%
	Use of Appropriate Medications for People With Asthma—12–18 years	★★	85.04%
	Use of Appropriate Medications for People With Asthma—19–50 years	★★	72.29%
	Use of Appropriate Medications for People With Asthma—51–64 years	★★	67.62%
	Use of Appropriate Medications for People With Asthma—Total	★★	83.58%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	26.15%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	20.49%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	53.36%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	36.04%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	26.86%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	16.96%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	56.18%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	36.04%
	HIV-Related Medical Visits—0 Visits	- -	20.14%
	HIV-Related Medical Visits—1 Visit	- -	13.78%
	HIV-Related Medical Visits—>=2 Visits	- -	66.08%
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	47.35%
	Highly Active Anti-Retroviral Treatment	- -	54.11%
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	58.21%
	Lipid Profile Annually	- -	79.81%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	331.60
	Ambulatory Care—ED Visits per 1,000 MM	+ +	66.91
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	71.94%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★★	86.47%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	★	68.95%
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	76.05%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★★	95.98%
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	88.53%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	87.78%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	85.62%
	Call Abandonment	★★	2.46%
	Call Answer Timeliness	★★	83.75%
	Transportation Availability	- -	*NB*
	Transportation Timeliness	- -	*NB*
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	50.23%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	68.17%
	Antidepressant Medication Management—Effective Acute Phase Treatment	★★	47.77%
	Antidepressant Medication Management—Effective Continuation Phase Treatment	★★	33.09%

Table C-21—Florida Medicaid HEDIS 2013 Results Summary Table for WellCare Health Plans, Inc.—Staywell (Staywell)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Mental Health Readmission Rate	- -	20.35%

Staywell performed above the national Medicaid average for two measures and below the national average for eight measures.

Table C-22 contains the HEDIS 2013 rates and performance level analysis results for Sunshine—Reform and Sunshine—Non-Reform.

Table C-22—Florida Medicaid HEDIS 2013 Results Summary Table for Sunshine State Health Plan (Sunshine)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	★	4.40%	★★	0.46%
	Well-Child Visits in the First 15 Months of Life—1 visit	★★	1.16%	★★	1.85%
	Well-Child Visits in the First 15 Months of Life—2 visits	★★	3.70%	★★	2.78%
	Well-Child Visits in the First 15 Months of Life—3 visits	★★	7.87%	★★	6.48%
	Well-Child Visits in the First 15 Months of Life—4 visits	★★★	15.05%	★★	12.96%
	Well-Child Visits in the First 15 Months of Life—5 visits	★★	17.59%	★★	19.91%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	★	50.23%	★★	55.56%
	Well-Child Visits in the 3rd-6th Years of Life	★★	68.99%	★★	74.98%
	Lead Screening in Children	★	49.17%	★★	65.97%
	Adolescent Well-Care Visits	★	39.89%	★★	46.61%
	Annual Dental Visit—2–3 years	- -	*NB*	★	15.53%
	Annual Dental Visit—4–6 years	- -	*NB*	★	33.78%
	Annual Dental Visit—7–10 years	- -	*NB*	★	40.96%
	Annual Dental Visit—11–14 years	- -	*NB*	★	35.43%
	Annual Dental Visit—15–18 years	- -	*NB*	★	32.16%
	Annual Dental Visit—19–21 years	- -	*NB*	★	22.33%
	Annual Dental Visit—Total	- -	*NB*	★	32.07%
	Childhood Immunization Status—Combination 2	★★	71.30%	★★	78.47%
	Childhood Immunization Status—Combination 3	★	64.35%	★★	70.60%
	Immunizations for Adolescents—Combination 1	★	29.89%	★	46.24%
	Immunizations for Adolescents—Meningococcal	★	34.02%	★	48.91%
	Immunizations for Adolescents—Tdap/Td	★	42.30%	★	58.83%
	Appropriate Testing for Children With Pharyngitis	★	50.22%	★★	65.70%
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	★★	50.00%	★★	51.59%
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	★★	57.83%	★★★	64.21%
Women's Care	*Cervical Cancer Screening*	★	47.22%	★	55.56%
	Chlamydia Screening in Women—16–20 Years	★★	58.04%	★★	60.99%
	Chlamydia Screening in Women—21–24 Years	★★	68.70%	★★	71.41%
	Chlamydia Screening in Women—Total	★★	62.83%	★★	64.90%
	Breast Cancer Screening	★	41.72%	★	44.70%
	Timeliness of Prenatal Care	★	68.52%	★	68.75%
	Postpartum Care	★	50.69%	★	50.69%
	Prenatal Care Frequency	- -	53.35%	- -	45.32%
Living With Illness	*Diabetes Care—HbA1c Testing*	★	74.71%	★	73.60%
	Diabetes Care—HbA1c Poor Control	★	52.69%	★	60.05%

Table C-22—Florida Medicaid HEDIS 2013 Results Summary Table for Sunshine State Health Plan (Sunshine)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Diabetes Care—HbA1c Control (<8%)	★	41.45%	★	34.58%
	Diabetes Care—LDL-C Screening	★★	72.37%	★★	75.00%
	Diabetes Care—LDL-C Control (<100 mg/dL)	★	26.93%	★	27.10%
	Diabetes Care—Eye Exam (Retinal) Performed	★★	49.88%	★★	53.27%
	Diabetes Care—Medical Attention for Nephropathy	★★	77.75%	★★	74.30%
	Controlling High Blood Pressure	★	31.78%	★	24.44%
	Adult BMI Assessment	★★	60.88%	★	41.44%
	Use of Appropriate Medications for People With Asthma—5–11 years	★	87.96%	★	83.77%
	Use of Appropriate Medications for People With Asthma—12–18 years	★	82.48%	★	81.96%
	Use of Appropriate Medications for People With Asthma—19–50 years	★★	70.64%	★	65.77%
	Use of Appropriate Medications for People With Asthma—51–64 years	★★	67.61%	★	61.36%
	Use of Appropriate Medications for People With Asthma—Total	★	81.59%	★	79.81%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	20.57%	- -	15.17%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	19.86%	- -	15.17%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	59.57%	- -	69.66%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	34.75%	- -	48.31%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	21.28%	- -	18.54%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	20.57%	- -	12.92%
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	58.16%	- -	68.54%
	Frequency of HIV Disease Monitoring Lab Tests(VL)—>= 2 Tests (182)	- -	35.46%	- -	47.75%
	HIV-Related Medical Visits—0 Visits	- -	17.73%	- -	11.80%
	HIV-Related Medical Visits—1 Visit	- -	7.80%	- -	15.17%
	HIV-Related Medical Visits—>=2 Visits	- -	74.47%	- -	73.03%
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	44.68%	- -	52.25%
	Highly Active Anti-Retroviral Treatment	- -	60.83%	- -	61.69%
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	64.59%	- -	67.27%
	Lipid Profile Annually	- -	77.22%	- -	76.10%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	266.90	+ +	303.46
	Ambulatory Care—ED Visits per 1,000 MM	+ +	67.33	+ +	63.04
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	62.35%	★	68.53%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★	77.27%	★	83.35%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	★	65.24%	★	70.99%

Table C-22—Florida Medicaid HEDIS 2013 Results Summary Table for Sunshine State Health Plan (Sunshine)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	66.60%	★	72.42%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★	95.23%	★★	96.51%
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	85.97%	- -	90.74%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	80.83%	- -	87.70%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	77.11%	- -	83.74%
	Call Abandonment	★	0.88%	★★	1.34%
	Call Answer Timeliness	★★★	96.79%	★★★	96.43%
	Transportation Availability	- -	*NB*	- -	100.00%
	Transportation Timeliness	- -	*NB*	- -	95.82%
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	25.52%	- -	25.16%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	46.55%	- -	43.69%
	Antidepressant Medication Management—Effective Acute Phase Treatment	★★	50.63%	★★	47.59%
	Antidepressant Medication Management—Effective Continuation Phase Treatment	★★	34.34%	★★	32.15%
	Mental Health Readmission Rate	- -	33.02%	- -	26.59%

As a Non-Reform plan, Sunshine performed above the national Medicaid average for two measures and below the national average for 27 measures. As a Reform plan, Sunshine performed above the national average for two measures and below average for 29 measures.

Table C-23 contains the HEDIS 2013 rates and performance level analysis results for United—Reform and United—Non-Reform.

Table C-23—Florida Medicaid HEDIS 2013 Results Summary Table for UnitedHealthcare Community Plan (United)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	★★	1.70%	★★	1.43%
	Well-Child Visits in the First 15 Months of Life—1 visit	★★	1.95%	★★	1.43%
	Well-Child Visits in the First 15 Months of Life—2 visits	★★	2.68%	★★	2.14%
	Well-Child Visits in the First 15 Months of Life—3 visits	★★	5.60%	★	2.14%
	Well-Child Visits in the First 15 Months of Life—4 visits	★★	10.95%	★★	12.14%
	Well-Child Visits in the First 15 Months of Life—5 visits	★★	20.19%	★★	17.14%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	★★	56.93%	★★	63.57%
	Well-Child Visits in the 3rd-6th Years of Life	★★	72.41%	★★	69.55%
	Lead Screening in Children	★	55.96%	★	50.51%
	Adolescent Well-Care Visits	★★	49.88%	★★	49.64%
	Annual Dental Visit—2–3 years	- -	*NB*	★★	21.85%
	Annual Dental Visit—4–6 years	- -	*NB*	★★	45.92%
	Annual Dental Visit—7–10 years	- -	*NB*	★	51.86%
	Annual Dental Visit—11–14 years	- -	*NB*	★	46.35%
	Annual Dental Visit—15–18 years	- -	*NB*	★★	40.77%
	Annual Dental Visit—19–21 years	- -	*NB*	★	23.96%
	Annual Dental Visit—Total	- -	*NB*	★★	43.42%
	Childhood Immunization Status—Combination 2	★★	75.67%	★★★	85.86%
	Childhood Immunization Status—Combination 3	★★	72.02%	★★	80.30%
	Immunizations for Adolescents—Combination 1	★★	56.27%	★	45.93%
	Immunizations for Adolescents—Meningococcal	★★	58.48%	★	46.41%
	Immunizations for Adolescents—Tdap/Td	★★	80.84%	★★	77.99%
	Appropriate Testing for Children With Pharyngitis	★★	61.11%	★★	64.11%
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	★★	39.19%	★★	40.79%
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	★★	47.22%	- -	*NA*
Women's Care	*Cervical Cancer Screening*	★	52.33%	★	55.61%
	Chlamydia Screening in Women—16–20 Years	★★	55.70%	★★	52.17%
	Chlamydia Screening in Women—21–24 Years	★★	71.63%	★★	71.43%
	Chlamydia Screening in Women—Total	★★	61.62%	★★	56.67%
	Breast Cancer Screening	★★	51.68%	★★	50.00%
	Timeliness of Prenatal Care	★	72.99%	★	61.54%
	Postpartum Care	★	52.55%	★★	66.67%
	Prenatal Care Frequency	- -	56.93%	- -	51.28%
Living With Illness	*Diabetes Care—HbA1c Testing*	★★	78.59%	★★	82.63%
	Diabetes Care—HbA1c Poor Control	★	54.74%	★★	48.95%

Table C-23—Florida Medicaid HEDIS 2013 Results Summary Table for UnitedHealthcare Community Plan (United)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Diabetes Care—HbA1c Control (<8%)	★	37.96%	★★	45.79%
	Diabetes Care—LDL-C Screening	★★	79.81%	★★	81.58%
	Diabetes Care—LDL-C Control (<100 mg/dL)	★	25.30%	★★	30.00%
	Diabetes Care—Eye Exam (Retinal) Performed	★	43.07%	★★	45.26%
	Diabetes Care—Medical Attention for Nephropathy	★★	80.29%	★★	79.47%
	Controlling High Blood Pressure	★	49.88%	★★	59.39%
	Adult BMI Assessment	★★	62.77%	★★	54.99%
	Use of Appropriate Medications for People With Asthma—5–11 years	★	86.92%	★	87.18%
	Use of Appropriate Medications for People With Asthma—12–18 years	★	80.37%	- -	*NA*
	Use of Appropriate Medications for People With Asthma—19–50 years	★	44.95%	- -	*NA*
	Use of Appropriate Medications for People With Asthma—51–64 years	★	50.00%	- -	*NA*
	Use of Appropriate Medications for People With Asthma—Total	★	77.02%	★	76.39%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	22.73%	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	4.55%	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	72.73%	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	38.96%	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	22.73%	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	5.19%	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	72.08%	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	40.26%	- -	*NA*
	HIV-Related Medical Visits—0 Visits	- -	24.03%	- -	*NA*
	HIV-Related Medical Visits—1 Visit	- -	9.74%	- -	*NA*
	HIV-Related Medical Visits—>=2 Visits	- -	66.23%	- -	*NA*
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	46.10%	- -	*NA*
	Highly Active Anti-Retroviral Treatment	- -	48.72%	- -	*NA*
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	72.93%	- -	70.59%
	Lipid Profile Annually	- -	83.94%	- -	81.23%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	315.12	+ +	355.86
	Ambulatory Care—ED Visits per 1,000 MM	+ +	70.16	+ +	65.65
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	69.40%	★	73.37%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★★	84.96%	★★	88.44%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	★★	83.46%	- -	*NA*

Table C-23—Florida Medicaid HEDIS 2013 Results Summary Table for UnitedHealthcare Community Plan (United)					
		Non-Reform		Reform	
Dimension of Care	2013 Measures	Performance Level Analysis	2013 Rate	Performance Level Analysis	2013 Rate
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	74.90%	★	78.81%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★★	96.65%	★★	95.94%
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	89.77%	- -	90.18%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	86.94%	- -	87.57%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	83.73%	- -	88.97%
	Call Abandonment	★★	2.56%	★★	2.56%
	Call Answer Timeliness	★★	81.96%	★★	81.96%
	Transportation Availability	- -	*NB*	- -	100.00%
	Transportation Timeliness	- -	*NB*	- -	85.22%
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	29.50%	- -	36.67%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	48.32%	- -	57.24%
	Antidepressant Medication Management—Effective Acute Phase Treatment	★★	53.75%	★★	58.82%
	Antidepressant Medication Management—Effective Continuation Phase Treatment	★★	41.34%	★★	32.35%
	Mental Health Readmission Rate	- -	27.77%	- -	21.83%

As a Non-Reform plan, United did not have any measure rates above the national Medicaid average, and sixteen measures were below the national average. As a Reform plan, United performed above the national average for one measure and below average for 13 measures.

Table C-24 contains the HEDIS 2013 rates and performance level analysis results for VISTA.

Table C-24—Florida Medicaid HEDIS 2013 Results Summary Table for Coventry Health Care of Florida, Inc.—VISTA (VISTA)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
Pediatric Care	*Well-Child Visits in the First 15 Months of Life—Zero Visits*	★★	1.10%
	Well-Child Visits in the First 15 Months of Life—1 visit	★★	1.47%
	Well-Child Visits in the First 15 Months of Life—2 visits	★★	3.68%
	Well-Child Visits in the First 15 Months of Life—3 visits	★★	7.35%
	Well-Child Visits in the First 15 Months of Life—4 visits	★★★	23.53%
	Well-Child Visits in the First 15 Months of Life—5 visits	★★★	22.43%
	Well-Child Visits in the First 15 Months of Life—6+ Visits	★	40.44%
	Well-Child Visits in the 3rd-6th Years of Life	★★	81.71%
	Lead Screening in Children	★★	68.52%
	Adolescent Well-Care Visits	★★	61.11%
	Annual Dental Visit—2–3 years	- -	*NB*
	Annual Dental Visit—4–6 years	- -	*NB*
	Annual Dental Visit—7–10 years	- -	*NB*
	Annual Dental Visit—11–14 years	- -	*NB*
	Annual Dental Visit—15–18 years	- -	*NB*
	Annual Dental Visit—19–21 years	- -	*NB*
	Annual Dental Visit—Total	- -	*NB*
	Childhood Immunization Status—Combination 2	★★	71.06%
	Childhood Immunization Status—Combination 3	★★	65.97%
	Immunizations for Adolescents—Combination 1	★★	64.79%
	Immunizations for Adolescents—Meningococcal	★★	66.26%
	Immunizations for Adolescents—Tdap/Td	★★	82.15%
	Appropriate Testing for Children With Pharyngitis	★★	77.88%
	Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase	★★	43.04%
	Follow-up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	- -	*NA*
Women's Care	*Cervical Cancer Screening*	★	59.49%
	Chlamydia Screening in Women—16–20 Years	★★	51.85%
	Chlamydia Screening in Women—21–24 Years	★★	70.00%
	Chlamydia Screening in Women—Total	★★	57.44%
	Breast Cancer Screening	★★	56.09%
	Timeliness of Prenatal Care	★	76.27%
	Postpartum Care	★	37.29%
	Prenatal Care Frequency	- -	61.86%
Living With Illness	*Diabetes Care—HbA1c Testing*	★★	82.86%
	Diabetes Care—HbA1c Poor Control	★★	39.43%
	Diabetes Care—HbA1c Control (<8%)	★★	52.00%
	Diabetes Care—LDL-C Screening	★★★	83.71%
	Diabetes Care—LDL-C Control (<100 mg/dL)	★★	30.57%
	Diabetes Care—Eye Exam (Retinal) Performed	★★	46.29%

Table C-24—Florida Medicaid HEDIS 2013 Results Summary Table for Coventry Health Care of Florida, Inc.—VISTA (VISTA)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Diabetes Care—Medical Attention for Nephropathy	★★	82.86%
	Controlling High Blood Pressure	★★	61.28%
	Adult BMI Assessment	★★★	80.32%
	Use of Appropriate Medications for People With Asthma—5–11 years	★	77.91%
	Use of Appropriate Medications for People With Asthma—12–18 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—19–50 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—51–64 years	- -	*NA*
	Use of Appropriate Medications for People With Asthma—Total	★	76.47%
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—0 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—1 Test	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>=2 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (CD4)—>= 2 Tests (182)	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—0 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—1 Test	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>=2 Tests	- -	*NA*
	Frequency of HIV Disease Monitoring Lab Tests (VL)—>= 2 Tests (182)	- -	*NA*
	HIV-Related Medical Visits—0 Visits	- -	*NA*
	HIV-Related Medical Visits—1 Visit	- -	*NA*
	HIV-Related Medical Visits—>=2 Visits	- -	*NA*
	HIV-Related Medical Visits—>= 2 Visits (182)	- -	*NA*
	Highly Active Anti-Retroviral Treatment	- -	*NA*
	Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy	- -	69.59%
	Lipid Profile Annually	- -	86.08%
Use of Services	*Ambulatory Care—Outpatient Visits per 1,000 MM*	+ +	324.70
	Ambulatory Care—ED Visits per 1,000 MM	+ +	55.55
Access to Care	*Adults' Access to Preventive/Ambulatory Health Services—20–44 Years*	★	68.97%
	Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	★★	84.55%
	Adults' Access to Preventive/Ambulatory Health Services—65+ Years	★	70.91%
	Adults' Access to Preventive/Ambulatory Health Services—Total	★	73.78%
	Children and Adolescents' Access to Primary Care Practitioners—12–24 months	★★	96.46%
	Children and Adolescents' Access to Primary Care Practitioners—25 months–6 years	- -	92.69%
	Children and Adolescents' Access to Primary Care Practitioners—7–11 years	- -	87.77%
	Children and Adolescents' Access to Primary Care Practitioners—12–19 years	- -	84.39%
	Call Abandonment	★★	1.91%
	Call Answer Timeliness	★★	80.30%
	Transportation Availability	- -	*NB*
	Transportation Timeliness	- -	*NB*
Mental Health	*Follow-Up After Hospitalization for Mental Illness—7-Day Follow-up*	- -	39.38%
	Follow-Up After Hospitalization for Mental Illness—30-Day Follow-up	- -	52.00%
	Antidepressant Medication Management—Effective Acute Phase Treatment	★★★	65.45%
	Antidepressant Medication Management—Effective Continuation Phase Treatment	★★	36.36%

Table C-24—Florida Medicaid HEDIS 2013 Results Summary Table for Coventry Health Care of Florida, Inc.—VISTA (VISTA)			
Dimension of Care	**2013 Measures**	**Performance Level Analysis**	**2013 Rate**
	Mental Health Readmission Rate	- -	22.62%

VISTA performed above the national Medicaid average for five measures and below the national average for nine measures.

PMHPs

This section displays PMHP-specific performance measure rates for CY 2012. For a list of PMHPs and their shortened name, please see Appendix D.

Table C-25 displays Public Health Trust/PHT's performance rates on the three performance measures for Area 11.

Table C-25—Florida Medicaid CY 2012 PMHP-Specific Results for Jackson Health System/Public Health Trust of Dade County (Area 11)

Measure	2012 Rate
Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis—Mental Health Practitioner	37.63%
Thirty-day Readmission Rate	18.23%
Follow-up Within 30 Days of an Acute Care Discharge for a Mental Health Diagnosis—Mental Health Practitioner	55.00%

For PHT, more than one third of discharged members had follow-up visits with mental health practitioners within seven days, and more than 50 percent had follow-up visits within 30 days of the discharges. Close to one-fifth of the discharged members were readmitted within 30 days.

Table C-26 displays Magellan/MAG's performance rates on the three performance measures for Areas 2, 4, 9, and 11.

Table C-26—Florida Medicaid CY 2012 PMHP-Specific Results for Magellan Behavioral Health of Florida, Inc. (Areas 2, 4, 9, and 11) (Magellan/MAG [A2, A4, A9, A11])		
Measure	**Area**	**2012 Rate**
Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis—Mental Health Practitioner	Area 2	63.19%
	Area 4	41.86%
	Area 9	56.19%
	Area 11	42.65%
Thirty-day Readmission Rate	Area 2	17.95%
	Area 4	14.65%
	Area 9	20.23%
	Area 11	31.51%
Follow-up Within 30 Days of an Acute Care Discharge for a Mental Health Diagnosis—Mental Health Practitioner	Area 2	79.40%
	Area 4	63.73%
	Area 9	73.78%
	Area 11	67.17%

Magellan Area 2 performed better than the other three areas in both *Follow-Up After Acute Care Discharge* measures while Area 4 performed better than the other areas for the *Thirty-day Readmission Rate* measure (a lower rate indicates better performance for this measure).

Table C-27 displays Access/ABH's performance rates on the three performance measures for Area 1.

Table C-27—Florida Medicaid CY 2012 PMHP-Specific Results for Lakeview Center dba Access Behavioral Health (Area 1) (Access/ABH [A1])	
Measure	**2012 Rate**
Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis—Mental Health Practitioner	32.27%
Thirty-day Readmission Rate	18.49%
Follow-up Within 30 Days of an Acute Care Discharge for a Mental Health Diagnosis—Mental Health Practitioner	53.65%

For ABH, more than 30 percent of discharged members had follow-up visits with mental health practitioners within seven days, and more than 50 percent had follow-up visits within 30 days of the discharges. Nearly one-fifth of the discharged members were readmitted within 30 days.

Table C-28 displays North Florida/NFHP's performance rates on the three performance measures for Area 3.

Table C-28—Florida Medicaid CY 2012 PMHP-Specific Results for North Florida Behavioral Health Partners (Area 3) (North Florida/NFHP [A3])	
Measure	**2012 Rate**
Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis—Mental Health Practitioner	30.79%
Thirty-day Readmission Rate	15.07%
Follow-up Within 30 Days of an Acute Care Discharge for a Mental Health Diagnosis—Mental Health Practitioner	45.33%

For NFHP, slightly over 30 percent of discharged members had follow-up visits with mental health practitioners within seven days, and nearly 50 percent had follow-up visits within 30 days of the discharges. Approximately 15 percent of the discharged members were readmitted within 30 days.

Table C-29 displays Florida HP/FHP's performance rates on the three performance measures for Areas 5, 6, 7, and 8.

Table C-29—Florida Medicaid CY 2012 PMHP-Specific Results for Florida Health Partners (Areas 5, 6, 7, and 8) (Florida HP/FHP [A5, A6, A7, A8])

Measure	Area	2012 Rate
Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis—Mental Health Practitioner	Area 5	34.81%
	Area 6	28.55%
	Area 7	25.82%
	Area 8	29.48%
Thirty-day Readmission Rate	Area 5	14.42%
	Area 6	15.70%
	Area 7	20.31%
	Area 8	14.50%
Follow-up Within 30 Days of an Acute Care Discharge for a Mental Health Diagnosis—Mental Health Practitioner	Area 5	44.12%
	Area 6	36.93%
	Area 7	38.17%
	Area 8	41.52%

FHP Area 5 performed better than the other three areas in both *Follow-Up After Acute Care Discharge* measures as well as the *Thirty-day Readmission Rate* measure. For the *Thirty-day Readmission Rate* measure, a lower rate indicates better performance.

Table C-30 displays CBC Partnership/CBC's performance rates on the three performance measures for all CWPMHP areas.

Table C-30—Florida Medicaid CY 2012 PMHP-Specific Results for Community Based Care Partnership (All CWPMHP Areas)	
Measure	**2012 Rate**
Follow-up Within Seven Days After Acute Care Discharge for a Mental Health Diagnosis—Mental Health Practitioner	76.47%
Thirty-day Readmission Rate	23.34%
Follow-up Within 30 Days of an Acute Care Discharge for a Mental Health Diagnosis—Mental Health Practitioner	86.59%

For CBC, more than 75 percent of discharged members had follow-up visits with mental health practitioners within seven days, and over 85 percent had follow-up visits within 30 days of the discharges. Nearly one-fourth of the discharged members were readmitted within 30 days.

NHDP Health Plans

This section displays CY 2012 performance measure rates for each NHDP health plan. For a list of NHDP health plans and their shortened names, please see Appendix D. All NHDP health plans used the following exclusion criteria to calculate rates for the *Retention Rate* measure:

- Death (EXP)
- Not eligible for Medicaid (ELG)
- Not eligible for project (PRJ)
- Moving out of service area (CTY)
- Fraudulent use of Medicaid ID card (FRD)
- Incarceration (INC)
- Subject to DOEA approval (SDA)

All NHDP health plans included the following reason categories for the *Voluntary Disenrollment Rate and the Average Length of Enrollment Before Voluntary Disenrollment* measures:

- Dissatisfaction with the quality and/or quantity of services (SVR)
- Moved to an out-of-network nursing home (NET)
- Moved to an out-of-network assisted living facility (ALF)
- No longer wished to participate in the diversion program (OUT)
- Transferred to a new provider (TRF)

Table C-31 displays Eldercare's quarterly and annual performance rates on the four performance measures.

Table C-31—Florida Medicaid CY 2012 NHDP Health Plan-Specific Results for American Eldercare, Inc. (Eldercare)		
Measure	**Quarter/Annual**	**2012 Rate**
Disenrollment Rate	Quarter 1	7.35%
	Quarter 2	6.95%
	Quarter 3	7.37%
	Quarter 4	7.17%
	Annual	22.59%
Retention Rate	Quarter 1	98.05%
	Quarter 2	98.26%
	Quarter 3	97.70%
	Quarter 4	97.85%
	Annual	92.74%
Voluntary Disenrollment Rate	Quarter 1	1.84%
	Quarter 2	1.64%
	Quarter 3	2.18%
	Quarter 4	2.04%
	Annual	6.06%
Average Length of Enrollment Before Voluntary Disenrollment	Quarter 1	28.2 months
	Quarter 2	24.4 months
	Quarter 3	21.2 months
	Quarter 4	20.7 months
	Annual	23.3 months

Eldercare's annual retention rate was above 90 percent and the annual voluntary disenrollment rate was slightly over 6 percent. The average length of enrollment before voluntary disenrollment was approximately two years. All measures remained stable from quarter to quarter.

Table C-32 displays Amerigroup DP's quarterly and annual performance rates on the four performance measures.

Table C-32—Florida Medicaid CY 2012 NHDP Health Plan -Specific Results for Amerigroup Community Care, Inc. (Amerigroup DP)		
Measure	**Quarter/Annual**	**2012 Rate**
Disenrollment Rate	Quarter 1	5.10%
	Quarter 2	4.95%
	Quarter 3	5.02%
	Quarter 4	5.42%
	Annual	17.55%
Retention Rate	Quarter 1	98.74%
	Quarter 2	98.57%
	Quarter 3	98.57%
	Quarter 4	98.74%
	Annual	94.90%
Voluntary Disenrollment Rate	Quarter 1	1.21%
	Quarter 2	1.38%
	Quarter 3	1.38%
	Quarter 4	1.21%
	Annual	4.43%
Average Length of Enrollment Before Voluntary Disenrollment	Quarter 1	25.2 months
	Quarter 2	22.3 months
	Quarter 3	22.8 months
	Quarter 4	25.4 months
	Annual	23.8 months

Amerigroup DP's annual retention rate was nearly 95 percent and the annual voluntary disenrollment rate was less than 5 percent. The average length of enrollment before voluntary disenrollment was approximately two years. All measures remained stable from quarter to quarter.

Table C-33 displays YourCare Brevard's quarterly and annual performance rates on the four performance measures.

Table C-33—Florida Medicaid CY 2012 NHDP Health Plan-Specific Results for Brevard Alzheimer's Foundation dba YourCare Brevard (YourCare Brevard)		
Measure	**Quarter/Annual**	**2012 Rate**
Disenrollment Rate	Quarter 1	7.73%
	Quarter 2	11.71%
	Quarter 3	7.76%
	Quarter 4	7.23%
	Annual	24.01%
Retention Rate	Quarter 1	98.24%
	Quarter 2	96.28%
	Quarter 3	96.65%
	Quarter 4	98.72%
	Annual	92.03%
Voluntary Disenrollment Rate	Quarter 1	1.66%
	Quarter 2	3.41%
	Quarter 3	3.20%
	Quarter 4	1.20%
	Annual	6.58%
Average Length of Enrollment Before Voluntary Disenrollment	Quarter 1	22.7 months
	Quarter 2	21.6 months
	Quarter 3	12.3 months
	Quarter 4	19.3 months
	Annual	18.2 months

YourCare Brevard's annual retention rate was above 90 percent and the annual voluntary disenrollment rate was over 6 percent. The average length of enrollment before voluntary disenrollment was about one and a half years. Performance rates for some measures, such as *Average Length of Enrollment Before Voluntary Disenrollment* and *Disenrollment Rate*, fluctuated notably from quarter to quarter.

Table C-34 displays VISTA DP's quarterly and annual performance rates on the four performance measures.

Table C-34—Florida Medicaid CY 2012 NHDP Health Plan-Specific Results for Coventry Health Care of Florida, Inc.—VISTA (VISTA DP)		
Measure	**Quarter/Annual**	**2012 Rate**
Disenrollment Rate	Quarter 1	8.40%
	Quarter 2	6.73%
	Quarter 3	8.09%
	Quarter 4	6.30%
	Annual	23.25%
Retention Rate	Quarter 1	98.51%
	Quarter 2	98.47%
	Quarter 3	98.12%
	Quarter 4	98.00%
	Annual	93.70%
Voluntary Disenrollment Rate	Quarter 1	1.39%
	Quarter 2	1.45%
	Quarter 3	1.76%
	Quarter 4	1.91%
	Annual	5.16%
Average Length of Enrollment Before Voluntary Disenrollment	Quarter 1	26.6 months
	Quarter 2	33.8 months
	Quarter 3	43.9 months
	Quarter 4	24.3 months
	Annual	32.3 months

VISTA DP's annual retention rate was above 90 percent and the annual voluntary disenrollment rate was just over 5 percent. The average length of enrollment before voluntary disenrollment was slightly over two and a half years. The *Average Length of Enrollment Before Voluntary Disenrollment* rate fluctuated from quarter to quarter.

Table C-35 displays Evercare HHC's quarterly and annual performance rates on the four performance measures.

Table C-35—Florida Medicaid CY 2012 NHDP Health Plan-Specific Results for Evercare Health and Home Connection (Evercare HHC)

Measure	Quarter/Annual	2012 Rate
Disenrollment Rate	Quarter 1	8.06%
	Quarter 2	7.08%
	Quarter 3	8.77%
	Quarter 4	6.69%
	Annual	25.03%
Retention Rate	Quarter 1	97.61%
	Quarter 2	97.71%
	Quarter 3	97.00%
	Quarter 4	98.22%
	Annual	91.10%
Voluntary Disenrollment Rate	Quarter 1	2.25%
	Quarter 2	2.18%
	Quarter 3	2.82%
	Quarter 4	1.69%
	Annual	7.32%
Average Length of Enrollment Before Voluntary Disenrollment	Quarter 1	29.5 months
	Quarter 2	28.4 months
	Quarter 3	26.5 months
	Quarter 4	30.8 months
	Annual	28.5 months

Evercare HHC's annual retention rate was above 90 percent and the annual voluntary disenrollment rate was slightly over 7 percent. The average length of enrollment before voluntary disenrollment was greater than two years. All measures remained fairly stable from quarter to quarter.

Table C-36 displays Comfort Choice's quarterly and annual performance rates on the four performance measures.

Table C-36—Florida Medicaid CY 2012 NHDP Health Plan-Specific Results for Florida Comfort Choice c/o Humana Medical Plan, Inc. (Comfort Choice)		
Measure	**Quarter/Annual**	**2012 Rate**
Disenrollment Rate	Quarter 1	5.61%
	Quarter 2	6.28%
	Quarter 3	6.30%
	Quarter 4	7.07%
	Annual	20.40%
Retention Rate	Quarter 1	94.45%
	Quarter 2	93.89%
	Quarter 3	93.70%
	Quarter 4	92.98%
	Annual	79.79%
Voluntary Disenrollment Rate	Quarter 1	5.55%
	Quarter 2	6.10%
	Quarter 3	6.30%
	Quarter 4	7.02%
	Annual	20.16%
Average Length of Enrollment Before Voluntary Disenrollment	Quarter 1	2.2 months
	Quarter 2	1.5 months
	Quarter 3	2.3 months
	Quarter 4	2.2 months
	Annual	2.1 months

Comfort Choice's annual retention rate was above 75 percent and the annual voluntary disenrollment rate was approximately 20 percent. The average length of enrollment before voluntary disenrollment was approximately 2 months. All measures remained stable from quarter to quarter. Comfort Choice's average length of enrollment rate was significantly lower than other NHDP health plans rates due to the merger with Senior's Choice in CY2012.

Table C-37 displays Hope's quarterly and annual performance rates on the four performance measures.

Table C-37—Florida Medicaid CY 2012 NHDP Health Plan -Specific Results for Hope of Southwest Florida, Inc. (Hope)		
Measure	**Quarter/Annual**	**2012 Rate**
Disenrollment Rate	Quarter 1	11.17%
	Quarter 2	5.13%
	Quarter 3	6.25%
	Quarter 4	11.00%
	Annual	26.77%
Retention Rate	Quarter 1	98.31%
	Quarter 2	98.40%
	Quarter 3	97.50%
	Quarter 4	95.88%
	Annual	90.73%
Voluntary Disenrollment Rate	Quarter 1	1.52%
	Quarter 2	1.54%
	Quarter 3	2.40%
	Quarter 4	3.83%
	Annual	7.48%
Average Length of Enrollment Before Voluntary Disenrollment	Quarter 1	15.7 months
	Quarter 2	19.7 months
	Quarter 3	14.4 months
	Quarter 4	40.4 months
	Annual	26.4 months

Hope's annual retention rate was above 90 percent and the annual voluntary disenrollment rate was over 7 percent. The average length of enrollment before voluntary disenrollment was approximately two years. All measures remained fairly stable from quarter to quarter, except *Average Length of Enrollment Before Voluntary Disenrollment* and *Disenrollment Rate*.

Table C-38 displays Little Havana's quarterly and annual performance rates on the four performance measures.

Table C-38—Florida Medicaid CY 2012 NHDP Health Plan –Specific Results for Little Havana Activities and Nutrition Centers, Inc. (Little Havana)		
Measure	**Quarter/Annual**	**2012 Rate**
Disenrollment Rate	Quarter 1	5.69%
	Quarter 2	5.23%
	Quarter 3	5.86%
	Quarter 4	5.85%
	Annual	18.68%
Retention Rate	Quarter 1	98.79%
	Quarter 2	98.87%
	Quarter 3	98.53%
	Quarter 4	98.29%
	Annual	94.89%
Voluntary Disenrollment Rate	Quarter 1	1.16%
	Quarter 2	1.08%
	Quarter 3	1.41%
	Quarter 4	1.64%
	Annual	4.38%
Average Length of Enrollment Before Voluntary Disenrollment	Quarter 1	27.8 months
	Quarter 2	21.5 months
	Quarter 3	22.0 months
	Quarter 4	25.2 months
	Annual	24.1 months

Little Havana's annual retention rate was above 90 percent and the annual voluntary disenrollment rate was less than 5 percent. The average length of enrollment before voluntary disenrollment was approximately two years. All measures remained stable from quarter to quarter.

Table C-39 displays Project Independence's quarterly and annual performance rates on the four performance measures.

Table C-39—Florida Medicaid CY 2012 NHDP Health Plan-Specific Results for Miami Jewish Home and Hospital—Project Independence (Project Independence)		
Measure	**Quarter/Annual**	**2012 Rate**
Disenrollment Rate	Quarter 1	5.61%
	Quarter 2	5.68%
	Quarter 3	6.82%
	Quarter 4	5.46%
	Annual	19.81%
Retention Rate	Quarter 1	98.47%
	Quarter 2	97.99%
	Quarter 3	98.04%
	Quarter 4	98.81%
	Annual	93.71%
Voluntary Disenrollment Rate	Quarter 1	1.47%
	Quarter 2	1.94%
	Quarter 3	1.86%
	Quarter 4	1.14%
	Annual	5.38%
Average Length of Enrollment Before Voluntary Disenrollment	Quarter 1	12.3 months
	Quarter 2	19.1 months
	Quarter 3	18.7 months
	Quarter 4	23.8 months
	Annual	18.3 months

Project Independence's annual retention rate was above 90 percent and the annual voluntary disenrollment rate was more than 5 percent. The average length of enrollment before voluntary disenrollment was about one and a half years. Measures remained mostly stable from quarter to quarter.

Table C-40 displays Neighborly's quarterly and annual performance rates on the four performance measures.

Table C-40—Florida Medicaid CY 2012 NHDP Health Plan-Specific Results for Neighborly Care Network (Neighborly)		
Measure	**Quarter/Annual**	**2012 Rate**
Disenrollment Rate	Quarter 1	9.01%
	Quarter 2	7.96%
	Quarter 3	7.37%
	Quarter 4	8.88%
	Annual	25.89%
Retention Rate	Quarter 1	97.27%
	Quarter 2	96.59%
	Quarter 3	97.14%
	Quarter 4	95.70%
	Annual	88.21%
Voluntary Disenrollment Rate	Quarter 1	2.56%
	Quarter 2	3.25%
	Quarter 3	2.72%
	Quarter 4	4.09%
	Annual	9.90%
Average Length of Enrollment Before Voluntary Disenrollment	Quarter 1	17.9 months
	Quarter 2	21.7 months
	Quarter 3	12.3 months
	Quarter 4	17.3 months
	Annual	17.4 months

Neighborly's annual retention rate was above 85 percent and the annual voluntary disenrollment rate was just under 10 percent. The average length of enrollment before voluntary disenrollment was about one and a half years. All measures remained stable from quarter to quarter. *Average Length of Enrollment Before Voluntary Disenrollment* fluctuated somewhat between Quarter 2 and Quarter 4.

Table C-41 displays Simply Healthcare's quarterly and annual performance rates on the four performance measures.

Table C-41—Florida Medicaid CY 2012 NHDP Health Plan-Specific Results for Simply Healthcare Plans (Simply Healthcare)

Measure	Quarter/Annual	2012 Rate
Disenrollment Rate	Quarter 1	15.69%
	Quarter 2	5.59%
	Quarter 3	4.35%
	Quarter 4	5.78%
	Annual	16.61%
Retention Rate	Quarter 1	84.31%
	Quarter 2	98.06%
	Quarter 3	99.59%
	Quarter 4	97.39%
	Annual	90.63%
Voluntary Disenrollment Rate	Quarter 1	15.69%
	Quarter 2	1.86%
	Quarter 3	0.40%
	Quarter 4	2.53%
	Annual	8.63%
Average Length of Enrollment Before Voluntary Disenrollment	Quarter 1	1.6 months
	Quarter 2	4.3 months
	Quarter 3	3.0 months
	Quarter 4	6.1 months
	Annual	3.1 months

Simply Healthcare's annual retention rate was above 90 percent and the annual voluntary disenrollment rates were more than 8 percent. The average length of enrollment before voluntary disenrollment was approximately three months. The Voluntary Disenrollment Rate declined significantly from quarter 1 to quarter 2, and remained low through quarter 4. Simply Healthcare was a new NHDP health plan in CY2012, which may have contributed to its Average Length of Enrollment rate being lower than other NHDP health plans.

Table C-42 displays Sunshine DP's quarterly and annual performance rates on the four performance measures.

Table C-42—Florida Medicaid CY 2012 NHDP Health Plan -Specific Results for Sunshine State Health Plan, Tango (Sunshine DP)		
Measure	**Quarter/Annual**	**2012 Rate**
Disenrollment Rate	Quarter 1	6.98%
	Quarter 2	7.09%
	Quarter 3	7.50%
	Quarter 4	7.74%
	Annual	23.23%
Retention Rate	Quarter 1	97.94%
	Quarter 2	98.13%
	Quarter 3	97.68%
	Quarter 4	97.48%
	Annual	92.08%
Voluntary Disenrollment Rate	Quarter 1	1.96%
	Quarter 2	1.77%
	Quarter 3	2.20%
	Quarter 4	2.38%
	Annual	6.60%
Average Length of Enrollment Before Voluntary Disenrollment	Quarter 1	19.1 months
	Quarter 2	19.3 months
	Quarter 3	20.3 months
	Quarter 4	18.5 months
	Annual	19.3 months

Sunshine DP's annual retention rate was above 90 percent and the annual voluntary disenrollment rate was less than 7 percent. The average length of enrollment before voluntary disenrollment was slightly over one and a half years. All measures remained stable from quarter to quarter.

Table C-43 below displays United Home Care's quarterly and annual performance rates on the four performance measures.

Table C-43—Florida Medicaid CY 2012 NHDP Health Plan –Specific Results for United Home Care Services (United Home Care)		
Measure	**Quarter/Annual**	**2012 Rate**
Disenrollment Rate	Quarter 1	5.02%
	Quarter 2	6.60%
	Quarter 3	5.61%
	Quarter 4	5.83%
	Annual	19.42%
Retention Rate	Quarter 1	99.28%
	Quarter 2	97.45%
	Quarter 3	98.14%
	Quarter 4	98.56%
	Annual	93.79%
Voluntary Disenrollment Rate	Quarter 1	0.69%
	Quarter 2	2.44%
	Quarter 3	1.79%
	Quarter 4	1.38%
	Annual	5.34%
Average Length of Enrollment Before Voluntary Disenrollment	Quarter 1	30.9 months
	Quarter 2	30.6 months
	Quarter 3	35.0 months
	Quarter 4	21.9 months
	Annual	30.0 months

United Home Care's annual retention rate was above 90 percent and the annual voluntary disenrollment rate was less than 6 percent. The average length of enrollment before voluntary disenrollment was greater than two years. Most measures were stable from quarter to quarter. *Average Length of Enrollment Before Voluntary Disenrollment* fluctuated somewhat between Quarter 2 and Quarter 4.

Table C-44 displays Senior Connections' quarterly and annual performance rates on the four performance measures.

Table C-44—Florida Medicaid CY 2012 NHDP Health Plan -Specific Results for Urban Jacksonville, Inc., Senior Connections (Senior Connections)		
Measure	**Quarter/Annual**	**2012 Rate**
Disenrollment Rate	Quarter 1	7.49%
	Quarter 2	7.69%
	Quarter 3	10.24%
	Quarter 4	9.45%
	Annual	27.49%
Retention Rate	Quarter 1	95.05%
	Quarter 2	97.83%
	Quarter 3	95.34%
	Quarter 4	93.81%
	Annual	84.26%
Voluntary Disenrollment Rate	Quarter 1	4.81%
	Quarter 2	2.05%
	Quarter 3	4.39%
	Quarter 4	5.97%
	Annual	13.55%
Average Length of Enrollment Before Voluntary Disenrollment	Quarter 1	19.0 months
	Quarter 2	8.8 months
	Quarter 3	21.3 months
	Quarter 4	20.3 months
	Annual	18.9 months

Senior Connections' annual retention rate was above 80 percent and the annual voluntary disenrollment rate was over 13 percent. The average length of enrollment before voluntary disenrollment was less than two years. Most measures were stable from quarter to quarter. *Average Length of Enrollment Before Voluntary Disenrollment* fluctuated in Quarter 2 and the *Disenrollment Rate* fluctuated over Quarters 2 to 4.

Table C-45 displays WorldNet's quarterly and annual performance rates on the four performance measures.

Table C-45—Florida Medicaid CY 2012 NHDP Health Plan-Specific Results for WorldNet Services Corporation (WorldNet)		
Measure	**Quarter/Annual**	**2012 Rate**
Disenrollment Rate	Quarter 1	7.41%
	Quarter 2	6.98%
	Quarter 3	5.08%
	Quarter 4	9.42%
	Annual	18.83%
Retention Rate	Quarter 1	96.15%
	Quarter 2	97.56%
	Quarter 3	98.25%
	Quarter 4	97.66%
	Annual	93.28%
Voluntary Disenrollment Rate	Quarter 1	3.70%
	Quarter 2	2.33%
	Quarter 3	1.69%
	Quarter 4	2.17%
	Annual	5.84%
Average Length of Enrollment Before Voluntary Disenrollment	Quarter 1	2.5 months
	Quarter 2	6.0 months
	Quarter 3	5.0 months
	Quarter 4	10.3 months
	Annual	6.4 months

WorldNet's annual retention rate was above 90 percent and the annual voluntary disenrollment rate was less than 6 percent. The average length of enrollment before voluntary disenrollment was about a half-year. All measures remained stable from quarter to quarter. WorldNet was a new NHDP health plan in CY2012, which may have contributed to its Average Length of Enrollment rate being lower than other NHDP health plans.

PDHPs

This section displays CY 2012 performance measure rates for each PDHP health plan. For a list of PDHPs with their shortened names, please see Appendix D.

Table C-46 displays DentaQuest's Miami Dade and Statewide performance.

Table C-46—Florida Medicaid CY 2012 PDHP Plan-Specific Results *for* DentaQuest of Florida (DentaQuest)

Measure	Miami Dade Rates	Statewide Rates
Annual Dental Visit		
Age 2–3	26.29%	32.45%
Age 4–6	46.15%	52.91%
Age 7–10	51.47%	58.67%
Age 11–14	44.04%	49.33%
Age 15–18	37.00%	42.35%
Age 19–21	25.61%	26.83%
TOTAL	41.44%	47.31%
Complete Oral Evaluation 1 (COE1)	83.21%	96.59%
Complete Oral Evaluation 2 (COE2)	60.66%	74.63%
Sealants	17.12%	18.11%
Member Outreach 1 (MO1)	35.61%	62.83%
Member Outreach 2 (MO2)	5.14%	27.70%

Statewide rates for DentaQuest surpassed those for Miami Dade in every measure. The largest gap in performance between Miami Dade and Statewide rates can be seen in the *Member Outreach 1 (MO1)* rate, a difference of 27.22.

Table C-47 displays MCNA's Miami Dade and Statewide performance.

Table C-47—Florida Medicaid CY 2012 PDHP Plan-Specific Results *for* MCNA Dental Plans (MCNA)		
Measure	**Miami Dade Rates**	**Statewide Rates**
Annual Dental Visit		
Age 2–3	21.34%	25.25%
Age 4–6	39.81%	44.79%
Age 7–10	46.56%	46.24%
Age 11–14	42.19%	41.84%
Age 15–18	35.99%	36.41%
Age 19–21	23.40%	21.71%
TOTAL	36.75%	39.31%
Complete Oral Evaluation 1 (COE1)	100.00%	100.00%
Complete Oral Evaluation 2 (COE2)	59.71%	38.89%
Sealants	9.82%	8.92%
Member Outreach 1 (MO1)	64.55%	44.51%
Member Outreach 2 (MO2)	22.20%	55.49%

MCNA's performance in the Miami Dade region surpassed that in the Statewide region for selected age groups for *Annual Dental Visit*, *Complete Oral Evaluation 2 (COE2)*, *Sealants*, and *Member Outreach 1 (MO1)*. Statewide performance was higher than Miami Dade region performance for all other measures except *Complete Oral Evaluation 1 (COE1)*, for which both the Statewide and Miami Dade rates were 100 percent.

Appendix D. PLAN NAMES

Table D-1 includes the list of MCOs that were reviewed by HSAG for PIPs. From left to right, the table includes the MCO type, the full MCO name, the three-to-five letter MCO code that is used in tables and graphs, and the MCO shortened name.

Table D-1—SFY 2012–2013 MCO-Approved Naming Convention for the PIPs

MCO Type	Full Plan Name	3-Letter Code	Shortened Name
HMO	AHF MCO of Florida, Inc. dba Positive Healthcare Florida	POS-R	Positive-R
HMO	Amerigroup Community Care (Non-Reform)	AMG-N	Amerigroup
HMO	Clear Health Alliance (Non-Reform)	CHA	Clear Health
HMO	Coventry Health Care of Florida, Inc.—Buena Vista	VIS-N	Buena Vista
HMO	Coventry Health Care of Florida, Inc.—VISTA	VSF-N	VISTA
HMO	Florida True Health (Non-Reform)	FTH	Florida True Health
HMO	Freedom Health, Inc. (Non-Reform)	FRE-N	Freedom
HMO	Freedom Health, Inc. (Reform)	FRE-R	Freedom-R
HMO	Healthy Palm Beaches, Inc.	HPB-N	Healthy PB
HMO	Humana Family c/o Humana Medical Plan, Inc. (Non-Reform)	HUM-N	Humana
HMO	Humana Family c/o Humana Medical Plan, Inc. (Reform)	HUM-R	Humana-R
HMO	Medica Health Plans of Florida (Non-Reform)	MHP-N	Medica
HMO	Medica Health Plans of Florida (Reform)	MHP-R	Medica-R
HMO	Molina Healthcare of Florida (Non-Reform)	MOL-N	Molina
HMO	Molina Healthcare of Florida (Reform)	MOL-R	Molina-R
HMO	Preferred Care Partners dba CareFlorida (Non-Reform)	CFL-N	Preferred Care
HMO	Preferred Care Partners dba CareFlorida (Reform)	CFL-R	Preferred Care-R
HMO	Preferred Medical Plan, Inc. (Non-Reform)	PRE-N	Preferred
HMO	Simply Healthcare Plans (Non-Reform)	SHP-N	Simply Healthcare
HMO	Sunshine State Health Plan (Non-Reform)	SUN-N	Sunshine
HMO	Sunshine State Health Plan (Reform)	SUN-R	Sunshine-R
HMO	UnitedHealthcare Community Plan (Non-Reform)	URA-N	United
HMO	UnitedHealthcare Community Plan (Reform)	URA-R	United-R
HMO	United Healthcare of Florida, Inc. – Evercare at Home	URE-N	Evercare at Home
HMO	Universal Health Care, Inc. (Non-Reform)	UNI-N	Universal
HMO	Universal Health Care, Inc. (Reform)	UNI-R	Universal-R
HMO	Wellcare Health Plans, Inc.—HealthEase of Florida, Inc. (Non-Reform)	HEA-N	HealthEase
HMO	Wellcare Health Plans, Inc.—Staywell of Florida, Inc. (Non-Reform)	STW-N	Staywell

Table D-1—SFY 2012–2013 MCO-Approved Naming Convention for the PIPs			
MCO Type	**Full Plan Name**	**3-Letter Code**	**Shortened Name**
NHDP	All Florida, Inc.	AFL	All Florida
NHDP	American Eldercare, Inc.	AEC	Eldercare
NHDP	Amerigroup Community Care	AMG	Amerigroup DP
NHDP	Brevard Alzheimer's Foundation dba YourCare Brevard	BRE	YourCare Brevard
NHDP	Coventry Health Care of Florida, Inc.—VISTA	VHP	VISTA DP
NHDP	United HealthCare of Florida, Inc.	EHH	United HealthCare
NHDP	Evercare Health and Home Connection	EHH	Evercare HHC
NHDP	Florida Comfort Choice c/o Humana Medical Plan, Inc.	FCC	Comfort Choice
NHDP	Hope of Southwest Florida, Inc.	HOP	Hope
NHDP	LifePath Hospice, Inc. dba Chapters Health Nursing Home Diversion	CHP	Chapters Health
NHDP	Little Havana Activities and Nutrition Centers, Inc.	LHA	Little Havana
NHDP	Miami Jewish Home and Hospital—Project Independence	MJH	Project Independence
NHDP	Molina HealthCare of Florida	MHC	Molina
NHDP	Neighborly Care Network	NCN	Neighborly
NHDP	Simply Healthcare Plans	SHP	Simply
NHDP	Sunshine State Health Plan—Tango	SST	Sunshine DP
NHDP	United Home Care Services	UHS	United Home Care
NHDP	Universal Health Care, Inc.	UHC	Universal
NHDP	Wellcare Inc. dba Healthease	HES	Healthease
NHDP	Urban Jacksonville, Inc., Senior Connections	UJV	Senior Connections
NHDP	WorldNet Services Corporation	WNI	WorldNet
CWPMHP	Community Based Care Partnership	CBC	CBC Partnership
PMHP	Florida Health Partners (Area 5)	FHP-5	Florida HP (A5)
PMHP	Florida Health Partners (Area 6)	FHP-6	Florida HP (A6)
PMHP	Florida Health Partners (Area 7)	FHP-7	Florida HP (A7)
PMHP	Florida Health Partners (Area 8)	FHP-8	Florida HP (A8)
PMHP	North Florida Behavioral Health Partners (Area 3)	NFHP-3	North Florida (A3)
PMHP	Jackson Health System/Public Health Trust of Dade County (Area 11)	PHT-11	Public Health Trust (A11)
PMHP	Lakeview Center dba Access Behavioral Health (Area 1)	ABH-1	Access (A1)
PMHP	Magellan Behavioral Health of Florida, Inc. (Area 2)	MAG-2	Magellan (A2)
PMHP	Magellan Behavioral Health of Florida, Inc. (Area 4)	MAG-4	Magellan (A4)
PMHP	Magellan Behavioral Health of Florida, Inc. (Area 9)	MAG-9	Magellan (A9)
PMHP	Magellan Behavioral Health of Florida, Inc. (Area 11)	MAG-11	Magellan (A11)
PSN	Better Health (Reform)	BET-R	Better Health-R

Table D-1—SFY 2012–2013 MCO-Approved Naming Convention for the PIPs			
MCO Type	**Full Plan Name**	**3-Letter Code**	**Shortened Name**
PSN	Better Health (Non-Reform)	BET-N	Better Health
PSN	Care Access PSN (Non-Reform)	CAP-N	Care Access
PSN	Children's Medical Services—Broward (Reform)	CMB-R	CMS-Broward
PSN	Children's Medical Services—Duval (Reform)	CMD-R	CMS-Duval
PSN	First Coast Advantage, LLC (Reform and Non-Reform)	UFS	First Coast
PSN	Integral Quality Care (Non-Reform)	IQC-N	Integral
PSN	Prestige Health Choice (Non-Reform)	PRS-N	Prestige
PSN	South Florida Community Care Network (Non-Reform)	SFC-N	SFCCN
PSN	South Florida Community Care Network (Reform)	SFC-R	SFCCN-R
PSN	WeCare Health Plans (Non-Reform)	WEC-N	WeCare
SIPP	Alternate Family Care	AFC	Alternate Family Care
SIPP	BayCare Behavioral Health, Inc.	BAY	BayCare
SIPP	Citrus Health Network, Inc.—CATS	CHN-C	Citrus-C
SIPP	Citrus Health Network, Inc.—RITS	CHN-R	Citrus-R
SIPP	Daniel Memorial, Inc.	DMI	Daniel Memorial
SIPP	Devereux Orlando	DXO	Devereux-O
SIPP	Jackson Memorial Hospital	JXM	Jackson
SIPP	La Amistad dba Central Florida Behavioral Hospital	CFB	La Amistad
SIPP	Lakeview Center, Inc.	LCI	Lakeview
SIPP	Manatee Palms Youth Services	MPY	Manatee Palms
SIPP	Sandy Pines	SPS	Sandy Pines
SIPP	The Vines	TVS	The Vines
SIPP	University Behavioral Center	UBC	University Behavioral

Table D-2 includes the list of MCOs that were reviewed by HSAG for PMVs. The MCOs are grouped according to type. For HMOs and PSNs, from left to right, the table includes the full MCO name; the MCO shortened name; the three-to-five letter MCO code that is used in tables and graphs; and classification (Reform, Non-Reform, or Both). For PMHPs/CWPMHP, the full name is listed, followed by the short name and abbreviation. For NHDP health plans, the full name and short name are listed.

Table D-2—SFY 2012–2013 MCO-Approved Naming Convention for the PMVs

Plan Name	Shortened Name	Plan Abbreviation	Reform and/or Non-Reform
HMOs			
AHF MCO of Florida, Inc. dba Positive Healthcare Florida	Positive	PHC	Non-Reform
Amerigroup Community Care	Amerigroup	AMG	Non-Reform
Clear Health Alliance	Clear Health	CHA	Non-Reform
Coventry Health Care of Florida, Inc.—Buena Vista	Buena Vista	VIS	Non-Reform
Coventry Health Plan of Florida, Inc.—VISTA	VISTA	VSF	Non-Reform
Freedom Health, Inc.	Freedom	FRE	Both
Healthy Palm Beaches, Inc.	Healthy PB	PHP	Non-Reform
Humana Family c/o Humana Medical Plan, Inc.	Humana	HUM	Both
Medica Health Plans of Florida	Medica	MFL	Both
Molina Healthcare of Florida	Molina	MOL	Both
Preferred Care Partners dba CareFlorida	Preferred Care	CFL	Both
Preferred Medical Plan, Inc.	Preferred	PRE	Non-Reform
Sunshine State Health Plan	Sunshine	SUN	Both
UnitedHealthcare Community Plan	United	URA	Both
WellCare Health Plans, Inc.—HealthEase	HealthEase	HEA	Non-Reform
WellCare Health Plans, Inc.—Staywell	Staywell	STW	Non-Reform
PSNs			
Better Health	Better Health	BET	Both
Children's Medical Services	CMS	CMS	Reform
First Coast Advantage, LLC	First Coast	FCA	Reform
First Coast Advantage Central	First Coast Central	CEN	Non-Reform
Integral Quality Care	Integral	IHP	Non-Reform
Prestige Health Choice	Prestige	PRS	Non-Reform
South Florida Community Care Network	SFCCN	SFC	Both
Simply Healthcare Plans	Simply Healthcare	SHP	Both

Table D-2—SFY 2012–2013 MCO-Approved Naming Convention for the PMVs	
PMHPs/CWPMHP	**Plan Short Name and Abbreviation**
Jackson Health System/Public Health Trust of Dade County (Area 11)	Public Health Trust/PHT (A11)
Magellan Behavioral Health of Florida, Inc. (Area 2, 4, 9, and 11)	Magellan/MAG (A2, A4, A9, A11)
Lakeview Center dba Access Behavioral Health (Area 1)	Access/ABH (A1)
North Florida Behavioral Health Partners (Area 3)	North Florida/NFHP (A3)
Florida Health Partners (Area 5, 6, 7, and 8)	Florida HP/FHP (A5, A6, A7, A8)
Community Based Care Partnership	CBC Partnership/CBC (operates statewide)
NHDP Health Plans	**Plan Short Name**
American Eldercare, Inc.	Eldercare
Amerigroup Community Care, Inc.	Amerigroup DP
Brevard Alzheimer's Foundation dba YourCare Brevard	YourCare Brevard
Coventry Health Care of Florida, Inc.—Vista	VISTA DP
Evercare Health and Home Connection	Evercare HHC
Florida Comfort Choice c/o Humana Medical Plan, Inc.	Comfort Choice
Hope of Southwest Florida, Inc.	Hope
Little Havana Activities and Nutrition Centers, Inc.	Little Havana
Miami Jewish Home and Hospital—Project Independence	Project Independence
Neighborly Care Network	Neighborly
Simply Healthcare Plans	Simply Healthcare
Sunshine State Health Plan, Tango	Sunshine DP
United Home Care Services	United Home Care
Urban Jacksonville, Inc., Senior Connections	Senior Connections
WorldNet Services Corporation	WorldNet

Table D-3 includes the list of PDHPs that were reviewed by HSAG for PMVs. From left to right, the full plan name, three-letter code used in tables and graphs, and shortened name are listed.

Table D-3—SFY 2012–2013 PDHP-Approved Naming Convention for the PMVs

Full Plan Name	3-Letter Code	Shortened Name
DentaQuest of Florida	DQT	DentaQuest
MCNA Dental Plans	MDP	MCNA

Appendix E. AHCA's Decision Methodology for Inclusion/Exclusion of MCOs In EQRO Mandatory Activities During the SMMC Transition

The Florida Agency for Health Care Administration (AHCA or Agency), in collaboration and consultation with Health Services Advisory Group, Inc. (HSAG), has developed the following approach for determining the extent to which the Medicaid managed care organizations (MCOs) will be required to participate in the mandatory external quality review (EQR) activities during the State's transition to the Statewide Medicaid Managed Care Program (SMMC). [Note: The term MCO is used generically in this document to refer to all plan types, including HMO, PSN, MMA plan, NHDP health plan, LTC plan, PMHP, PDHP, and SIPP.]

AHCA and HSAG reviewed and discussed the existing CMS and contract requirements for EQR activities, as well as benefits and burdens to the MCOs and the State, and developed guiding principles for use in making these determinations. As a result, the Agency's decisions took into account some or all of the following considerations, as applicable to each activity:

1. The requirements and periodicity for performance of the EQR activities, as described in the federal Medicaid managed care regulations, the State's waivers, Special Terms and Conditions (STCs), and the Agency's contracts with the MCOs must be met to the degree possible.
2. The data resulting from the EQR activity must be of significant value to the State and necessary for its measurement and reporting purposes or population trending and comparisons over time.
3. The conclusions and recommendations resulting from each EQR activity must be of significant value to the MCO and be actionable or present opportunities for improvement that could feasibly be implemented during the MCO's remaining contract period.
4. The costs (both human and financial resources) of performing the activity must be justifiable as beneficial and important for exiting MCOs, as compared to those same resources which may be needed for the successful transition and start-up of the new MCOs.

The following describes AHCA's requirements for the exiting and the newly contracted MCOs' participation and reporting related to each of the three mandatory EQR activities:

Validation of Performance Improvement Projects

Exiting MCOs must continue their PIP activities, including implementation of improvements and/or system interventions as described in the PIP, for the duration of the contract. If PIP documentation, including remeasurement results, is due to be submitted to AHCA and HSAG before the end of the exiting MCO's contract, such documentation must be submitted to AHCA as a contract-required reporting provision. The Agency will review these PIPs for contract compliance; however, HSAG may or may not be requested to validate these PIPs, as implementation of any resulting recommendations may not be feasible for MCOs that are exiting the program within a very short time following the PIP validation and recommendations.

Newly contracted MCOs under the SMMC will be expected to select and submit PIP topics as required by the AHCA contract and any additional directives from AHCA (e.g., to fulfill requirements of STCs), and will be expected to initiate the PIPs during their first year of operation. The PIP will be validated in the next cycle of EQRO validation activities, because validation of a PIP conducted during the previous twelve months is required.

Validation of Performance Measures

Exiting MCOs must continue collecting and reporting performance measure data as required in their contract with the State for the duration of their operations, as well as post-operations reporting if required in the contract. If an annual measure validation activity (or HEDIS Compliance Audit) is due before the end of the exiting MCO's contract, such activity must be performed and results submitted to AHCA.

Newly contracted MCOs under the SMMC will be expected to collect and report performance measure data as required by the AHCA contract and other directives from AHCA (e.g., to fulfill requirements of STCs), and will be expected to undergo measure validation activities and/or a HEDIS Compliance Audit following the first full calendar year of operation. These validations or audits will be conducted in the next cycle of EQRO validation activities, as most performance measures require at least 12 months of data for calculation and reporting.

Compliance Monitoring Reviews

Exiting MCOs have all had compliance monitoring evaluations performed within the previous three year period as required. Since there would be no benefit to outweigh the burden and cost of conducting additional formal compliance review activities for MCOs that could not implement quality improvement recommendations in the future, no further formal compliance monitoring reviews will be conducted by AHCA for exiting MCOs. The Agency will, however, require that all contract-required deliverables continue to be submitted, and contract oversight activities and follow-up with the MCOs will be performed by AHCA/DOEA throughout the duration of the MCOs' contract and operations.

Newly contracted MCOs under the SMMC will be subject to ongoing compliance monitoring activities by the State (AHCA and/or DOEA), to include pre-operations readiness reviews and other monitoring activities immediately upon entering into operations. A formal "look-back" audit will also be scheduled at a later date to be determined, which will initiate a new three-year cycle of compliance reviews.