AGENCY FOR HEALTH CARE ADMINISTRATION

SFY 2019-2020

External Quality Review Technical Report

April 2021

HSAG HEALTH SERVICES ADVISORY GROUP

HSAG HEALTH SERVICES ADVISORY GROUP

Table of Contents

Glossary of Acronyms

AAPD ..... American Academy of Pediatric Dentistry
ADHD ..... Attention-Deficit/Hyperactivity Disorder
Agency ..... Florida Agency for Health Care Administration
AHCCCS ..... Arizona Health Care Cost Containment System
AMP ..... Adolescents on Antipsychotics
AOD ..... Alcohol or Other Drug
BH ..... Behavioral Health
BMI ..... Body Mass Index
BR ..... Biased Rate
CFR ..... Code of Federal Regulations
CMS ..... Centers for Medicare & Medicaid Services
CSR ..... Customer Service Representative
CQS ..... Comprehensive Quality Strategy
DOH ..... Department of Health
DY ..... Demonstration Year
ED ..... Emergency Department
EDV ..... Encounter Data Validation
EQR ..... External Quality Review
EQRO ..... External Quality Review Organization
FAR ..... Final Audit Report
FFS ..... Fee-for-Service
FFY ..... Federal Fiscal Year
HEDIS®* ..... Healthcare Effectiveness Data and Information Set
HSAG ..... Health Services Advisory Group, Inc.
ICN ..... Internal Control Number
IS ..... Information Systems
ITN ..... Invitation to Negotiate
LO ..... Licensed Organization
LTC ..... Long-Term Care
LTSS ..... Long-Term Services and Supports
MCO ..... Managed Care Organization
MCP ..... Managed Care Plan

* HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

MLTSS	Managed Long Term Services and Supports
MMA	Managed Medical Assistance
MRRV	Medical Record Review Validation
MSR	Member Service Representatives
NAS	Neonatal Abstinence Syndrome
NCQA	National Committee for Quality Assurance
NR	Not Reported
PAHP	Prepaid Ambulatory Health Plan
PCCM	Primary Care Case Management
PCP	Primary Care Practitioner
PDSA	Plan-Do-Study-Act
PIHP	Prepaid Inpatient Health Plan
PIP	Performance Improvement Plan
PMV	Performance Measure Validation
PPA	Potentially Preventable Admission
PPR	Potentially Preventable Readmission
PPV	Potentially Preventable ED Visit
PPE	Potentially Preventable Events
RY	Reporting Year
QI	Quality Improvement
QPA	Quality Practice Advisor
SFY	State Fiscal Year
SMI	Serious Mental Illness
SMMC	Statewide Medicaid Managed Care

Executive Summary

1

Introduction to the Annual Technical Report

Overview and Purpose Statement

The Code of Federal Regulations (CFR) at 42 CFR Part (§) 438.364 requires that states use an external quality review organization (EQRO) to prepare an annual technical report that describes the manner in which data from activities conducted for Medicaid managed care organizations (MCOs), in accordance with the CFR, were aggregated and analyzed.

The purpose of this state fiscal year (SFY) 2019–2020 External Quality Review Technical Report of Results, prepared for the Florida Agency for Health Care Administration (Agency), is to draw conclusions about the quality of, timeliness of, and access to healthcare services that MCOs provide. Health Services Advisory Group, Inc. (HSAG) is the EQRO for the Agency, the state agency responsible for the overall administration of Florida's Medicaid managed care program.

Quality, Access, Timeliness

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

Quality

as it pertains to the external quality review (EQR), means the degree to which an MCO, prepaid inpatient health plan (PIHP), prepaid ambulatory health plan (PAHP), or primary care case management (PCCM) entity (described in §438.310(c)(2)) increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics, the provision of services that are consistent with current professional, evidence-based knowledge, and interventions for performance improvement.[1]

Access

as it pertains to EQR, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under §438.68 (network adequacy standards) and §438.206 (Availability of services). Under §438.206, availability of services means that each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs, PIHPs, and PAHPs in a timely manner.[2]

Timeliness

as it pertains to EQR, is described by the National Committee for Quality Assurance (NCQA) to meet the following criteria: "The organization makes utilization decisions in a timely manner to accommodate the clinical urgency of a situation."[3] It further discusses the intent of this standard to minimize any disruption in the provision of healthcare. HSAG extends this definition to include other managed care provisions that impact services to members and that require a timely response from the MCO (e.g., processing expedited member appeals and providing timely follow-up care).

[1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. Federal Register Vol. 81 No. 18/Friday, May 6, 2016, Rules and Regulations, p. 27882. 42 CFR §438.320 Definitions; Medicaid Program; External Quality Review, Final Rule.
[2] Ibid.
[3] National Committee for Quality Assurance. *2013 Standards and Guidelines for MBHOs and MCOs.*

How Conclusions Were Drawn From EQRO Activities

To draw conclusions about the quality and timeliness of, and access to care provided by the MCOs, HSAG assigned each of the EQR activities to one or more of three domains. Assignment to these domains is depicted in Table 1-1.

Table 1-1—EQR and Agency Activities and Domains

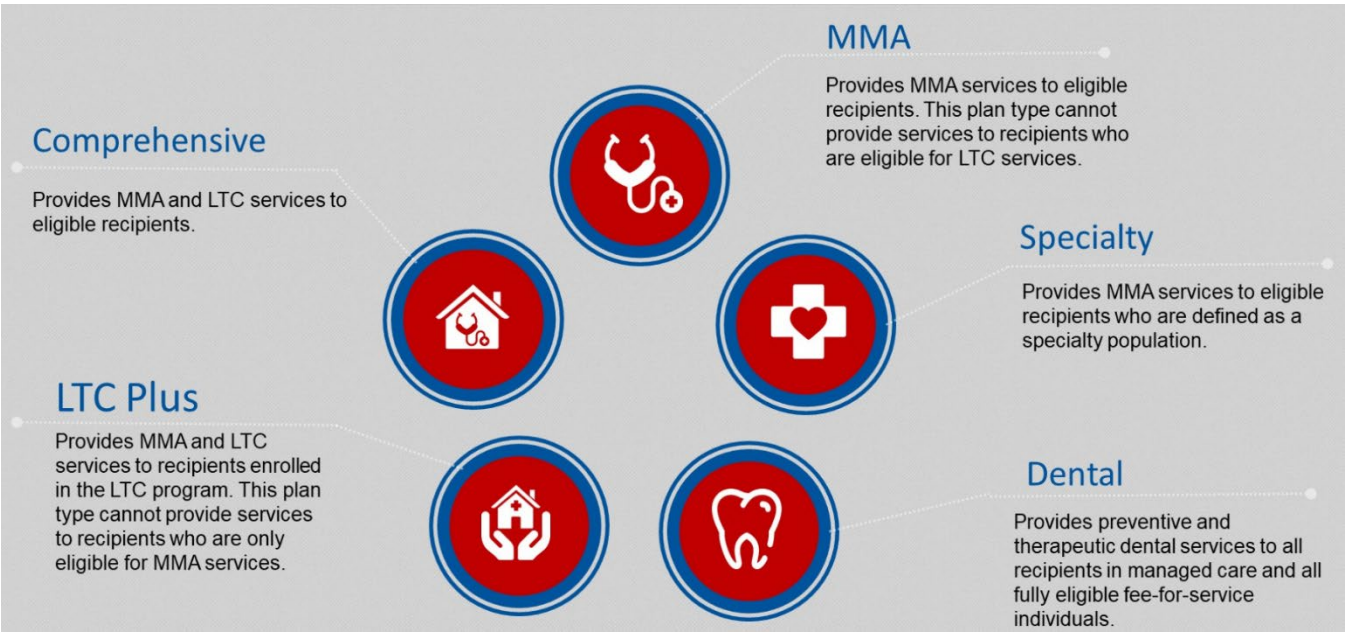
Activity	Quality	Access	Timeliness
Validation of Performance Improvement Projects	✓	✓	✓
Validation of Performance Measures	✓	✓	✓
NCQA HEDIS® Compliance Audit™[1-1]	✓	✓	
Review of Compliance with Medicaid and Children's Health Insurance Program (CHIP) Managed Care Regulations	✓	✓	✓

Statewide Medicaid Managed Care (SMMC) Program

In 2011, the Florida legislature created the SMMC program, which has two components: the Managed Medical Assistance (MMA) program and the Long-Term Care (LTC) program. Under the SMMC program, the majority of Medicaid beneficiaries receive their healthcare services through a managed care plan (MCP).

The Agency initiated a competitive reprocurement (Invitation to Negotiate [ITN]) of the SMMC contracts on July 14, 2017, (contract term through September 2023). The Agency awarded contracts to plans in each of the 11 regions of the state. Under the new contracts, there are five plan types that may provide services as shown in Figure 1-1.

Figure 1-1—Florida Plan Types



Please see Appendix A for a list of the plans.

[1-1] NCQA Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Audit™ is a trademark of the NCQA.

The Florida Legislature directed the Agency to implement a separate dental managed care component of the SMMC program. On October 16, 2017, the Agency released another ITN to provide services under the SMMC Dental Health Program. All Medicaid beneficiaries (with very limited exceptions) are required to enroll in a dental plan, which also have five-year contracts (contract term through September 2023). The Agency selected three dental plans to operate statewide, with each dental plan operating in all 11 regions of the state.

The Agency also has a statewide contract with the Department of Health (DOH), Children's Medical Services-S, to serve children with chronic conditions through the DOH/Children's Medical Services-S Specialty plan. This contract is statutorily exempt from the SMMC procurement requirements and requires the Children's Medical Services-S plan to meet all other health plan requirements for the MMA program.

Implementation of the SMMC contracts occurred over a three-phased schedule: Phase 1—December 1, 2018; Phase 2—January 1, 2019; and Phase 3—February 1, 2019.

Florida Medicaid Managed Care Demographics

The demographics of the Florida Medicaid population (excluding the fee-for-service [FFS] population) as of June 2020 were as follows[1-2]:

- Approximately 3 million were enrolled in a comprehensive or standard MMA plan.
- Approximately 133,000 were enrolled in an MMA specialty plan.
- Approximately 119,000 were enrolled in the LTC program.
- Approximately 3,400,000 were enrolled in a dental plan.

Quality Strategy

CMS Medicaid managed care regulations at 42 CFR §438.340 require Medicaid state agencies operating Medicaid managed care programs to develop and implement a written quality strategy for assessing and improving the quality of healthcare services offered to their enrollees.

The Comprehensive Quality Strategy (CQS) outlines Florida's strategy for assessing and improving the quality of health care and services furnished by the plans and other providers within the Florida Medicaid system. The most recent draft of the CQS was submitted to CMS on March 3, 2017 (Attachment IV).[1-3] The Agency began the process of updating the CQS during demonstration year (DY) 13 and will continue this process during DY 14. The updated CQS will address various strategies to assess progress toward

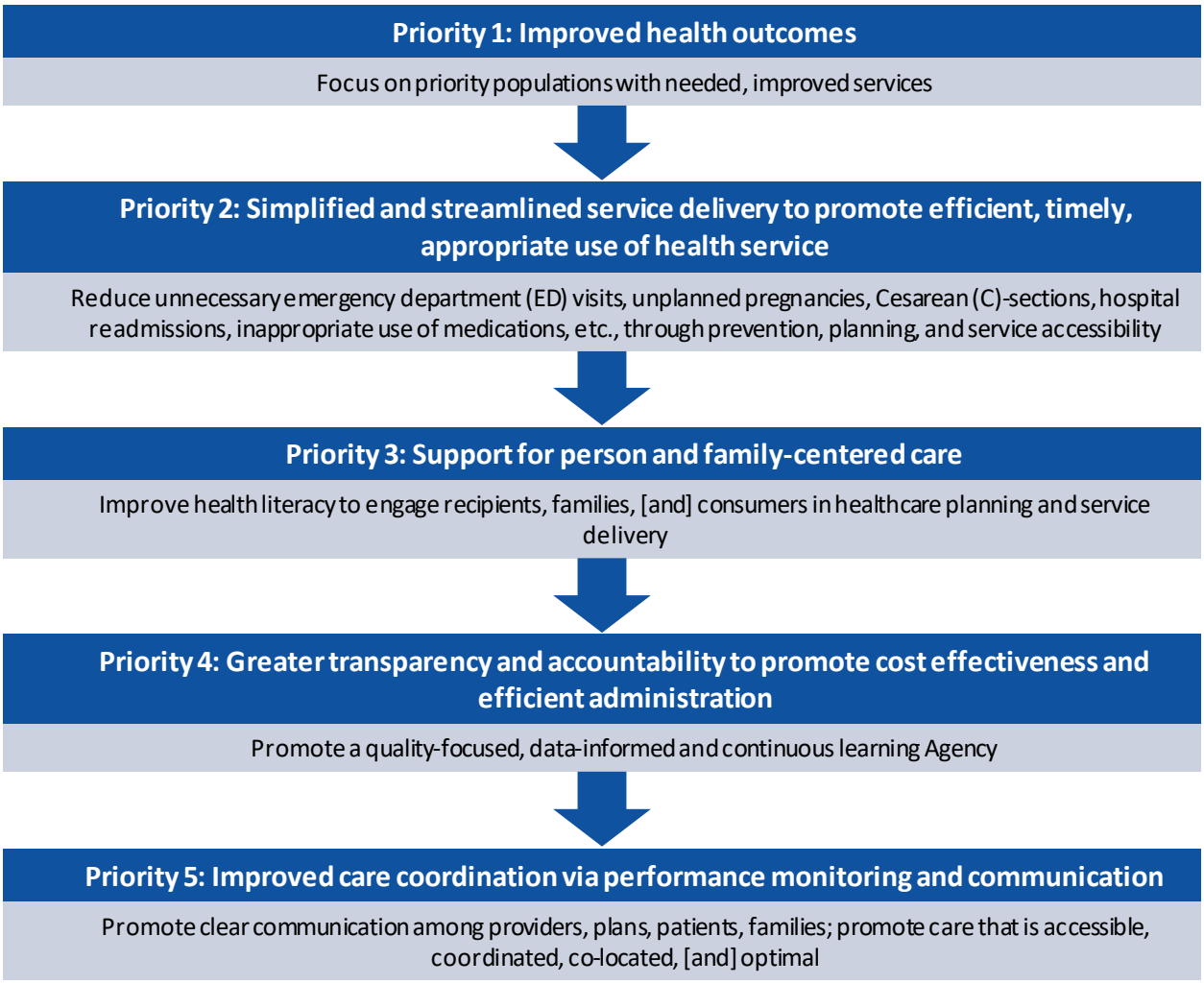
[1-2] Agency for Health Care Administration. Florida Statewide Medicaid Monthly Enrollment Report. Available at: https://ahca.myflorida.com/medicaid/finance/data_analytics/enrollment_report/index.shtml. Accessed on: Jan 14, 2021.

[1-3] Though it was outside the time period of this report, the Agency has updated its CQS, available at: https://ahca.myflorida.com/medicaid/policy_and_quality/quality/docs/Comprehensive_Quality_Strategy_Report.pdf. Accessed on: Apr 2, 2021.

meeting the Agency's goals. The Agency's established goals seek to build upon the success of the SMMC program and to ensure that quality improvement is a continual process.

In line with the CMS goals in its quality strategy, the Agency outlined five priorities for Florida Medicaid. Related to each priority are specific, measurable goals to guide the program's priority quality initiatives. These efforts are designed to measurably improve the health outcomes of enrollees in the most efficient, innovative, and cost-effective ways possible. The Agency strives to provide high-quality care to all enrollees, regardless of their race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location. The Agency considers health disparities in the development and implementation of all quality improvement (QI) initiatives.

Figure 1-2—Five Priorities and Corresponding Goals[1-4]



[1-4] Agency for Health Care Administration. Florida Medicaid Comprehensive Quality Strategy Summary. Available at: https://ahca.myflorida.com/medicaid/Policy_and_Quality/Quality/docs/CQS_Final_Draft_2017_03-02-2017.pdf. Accessed on: Feb 1, 2019.

Overview of External Quality Review Activities Related to Quality, Access, and Timeliness

Review of Compliance

Due to the reprocurement process and the phased implementation for the contracted plans, the Agency conducted MCO readiness reviews in SFY 2018–2019. CMS deemed the readiness reviews as part of the Agency's compliance review process since the readiness reviews included all 13 standards and 126 of the 157 sub-standards from CMS' *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.[1-5] Additionally, the Agency continued strategic planning for the implementation of a three-year comprehensive compliance review in accordance with 42 CFR §438.358(b)(1)(iii), including all federal requirements to determine each plan's adherence to the standards in subparts D and E.

As part of the strategic planning process, the Agency selected a team of Agency staff that were tasked with the planning that was started in SFY 2018–2019. The team began regular meetings to initiate the steps necessary to execute a compliance review that is consistent with the EQR protocols. In spring 2019, the Agency requested that HSAG develop a comprehensive compliance review tool that included all of the federal standards and contract requirements for the plans. HSAG completed the tool in May 2019. The Agency also collaborated with the Arizona Health Care Cost Containment System (AHCCCS) to discuss how compliance reviews were initiated in Arizona.

The Agency's team has continued the strategic planning process for conducting compliance reviews, including finalizing the timeline for conducting desk reviews and on-site visits. The team provided the following compliance review timeline to HSAG for review.

Table 1-2—Compliance Review Timeline

Activity	Date
Readiness reviews conducted	July 2018–December 2018
Roll out of plans	December 2018–February 2019
Desk reviews conducted for items not covered by readiness reviews	December 2020–January 2021
Conduct and complete virtual on-sites	February 2021–July 2021
Finalize compliance review findings and documentation	May 2021–August 2021
Submit compliance review documentation to HSAG	September 2021
Submit the Annual Technical Report, which includes a summary of the compliance reviews to CMS	April 2022

As of the writing of this report, HSAG agrees that the state is on track to complete the three-year comprehensive compliance review by the federal deadline.

[1-5] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/eqr-protocol-1.pdf. Accessed on: June 24, 2020.

Performance Improvement Projects

As part of the Agency's procurement of the SMMC contracts for the MMA program, the Agency focused on three program goals:

- Reduce potentially preventable events (PPEs), including hospital admissions, hospital readmissions, and emergency department (ED) visits;
- Improve birth outcomes, by reducing primary C-sections, pre-term birth rates, and rates of neonatal abstinence syndrome (NAS); and
- Improve care transitions by increasing the percentage of enrollees receiving LTC services in their own home or the community instead of a nursing facility.

In the procurement of the SMMC dental plan contracts, the Agency focused on the program goal of Improving Access to Dental Care by:

- Increasing the percentage of children receiving preventive dental services; and
- Reducing potentially preventable dental-related ED visits.

Through the procurement process, the health plans committed to meeting specific targets related to potentially preventable hospital events and birth outcomes, while the dental plans committed to meeting specific targets related to potentially preventable dental-related ED visits and preventive dental services for children. The Agency contractually required all the plans to conduct performance improvement projects (PIPs) in selected areas to align the plans in achieving the Agency's program goals and to focus the plans' efforts toward meeting the targets they set for each area. The Agency also contractually required the health plans to focus on mental/behavioral health or the integration of mental healthcare with primary care as a third PIP because this is an area of focus for the Florida Medicaid program. For the administrative/nonclinical PIP, the Agency contractually required all plans to focus on transportation and ensure that enrollees are delivered to their medical and dental appointments on time, as a means of improving access to care.

During SFY 2019–2020, the health plans submitted four PIPs and the dental plans submitted three PIPs to HSAG for either a high-level review or validation. SFY 2019–2020 was the second year for the validation and review of these PIPs. Florida Community Care-L was the only health plan that submitted three PIPs. The *Improving Birth Outcomes* PIP was discontinued by Florida Community Care-L because the topic was not applicable to the Long-Term Care Plus population it serves.

Performance Measure Validation

HSAG conducted PMV activities for the measures calculated and reported by comprehensive MMA plans, standard MMA plans, specialty plans, dental plans, and the LTC Plus plan for SFY 2019–2020. All plan measure indicator data were audited by a NCQA Licensed Organization (LO) in line with the NCQA HEDIS Compliance Audit policies and procedures. HSAG's role in the validation of performance measures was to ensure that audit activities conducted by the LO were consistent with the CMS

publication, *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, October 2019. (CMS Performance Measure Validation Protocol).[1-6] This included validating the audit process to ensure key audit activities were performed and verifying that performance measure rates were collected, reported, and calculated according to the specifications required by the state.

MMA Program

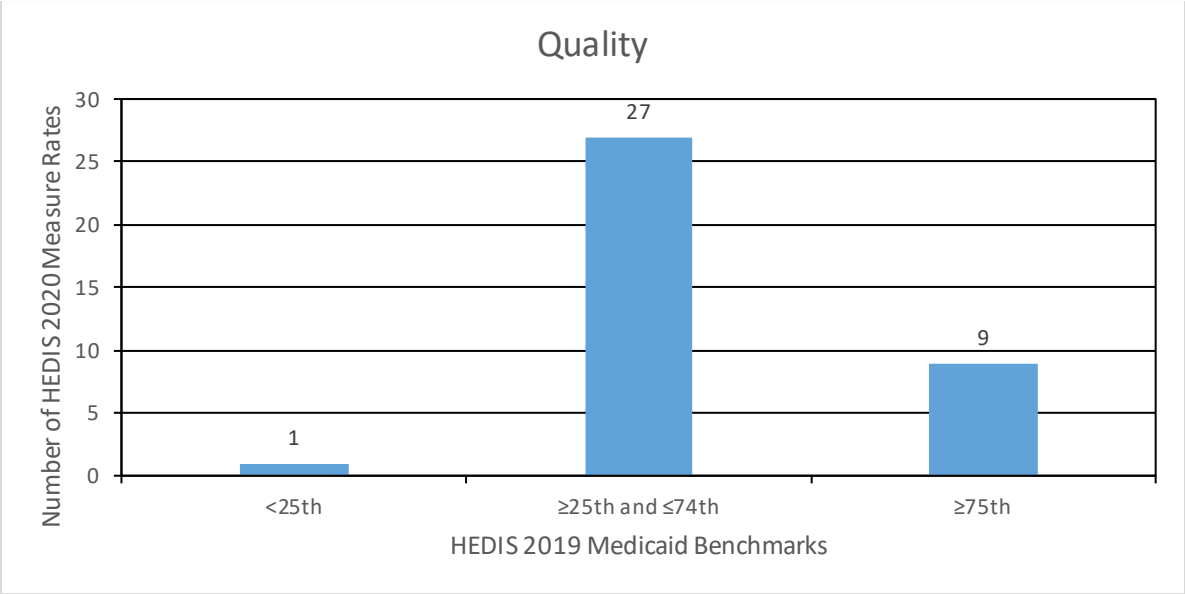
Plans were required to report 80 measure indicators, three of which were reported by three or fewer plans and one of which was reported by one plan. The Agency established performance targets for 51 of the measure indicators based on the HEDIS 2019 Quality Compass national Medicaid All Lines of Business 75th percentile. Minimum performance targets were also established based on the 25th percentile. The indicators were grouped into six domains (Pediatric Care, Women's Care, Living With Illness, Behavioral Health, Access/Availability of Care, and Appropriate Treatment and Utilization). In addition to the 80 measure indicators, comprehensive MMA plans were required to report on the 16 LTC measure indicators. Out of the 80 measure indicators, 13 measure indicators were to be reported by the specialty plans. HSAG received final audit reports (FARs) that contained information systems (IS) capability findings from all but three comprehensive MMA plans (Aetna Better Health-C, Humana-C, and Staywell-C); one standard MMA plan (Community Care Plan-M); and two specialty plans (Staywell-S and Children's Medical Services-S). For these six plans, HSAG received a final audit statement instead, which includes the list of measures being audited and an audit designation finding for each measure. For the current measurement year, all plans were fully compliant with NCQA HEDIS Compliance Audit IS standards 1.0, 2.0, 3.0, 4.0, 5.0, 6.0, and 7.0.

Furthermore, the following measure indicators were materially biased and assigned a *Biased Rate (BR)*[1-7] audit designation: *Screening, Risk Assessment, and Plan of Care to Prevent Future Falls—Falls Part 2—Falls Risk Assessment* and *Falls Part 2—Plan of Care for Falls* measures because United-C was unable to report, as the information available in its system was not able to systematically determine the denominator for the measure.

Thirty-seven performance measure indicators comparable to benchmarks and related to **quality** were evaluated as part of the Pediatric Care, Women's Care, Living With Illness, Behavioral Health, and Appropriate Treatment and Utilization domains. Of the 37 measure indicators related to quality, nine (24.3 percent) met or exceeded the Agency-established performance targets (the 75th percentile). The statewide average met or exceeded the Agency's minimum performance targets (the 25th percentile) for 36 of 37 (97.3 percent) measure indicators.

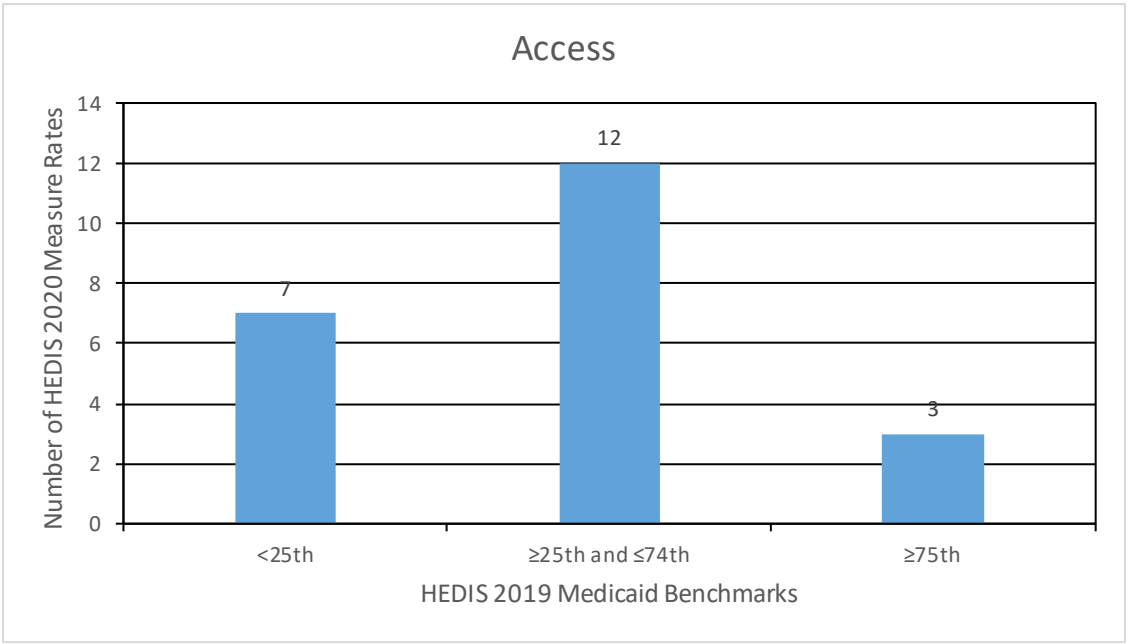
[1-6] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, October 2019. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf. Accessed on: June 8, 2020.

[1-7] BR indicates that the plan's calculated rate was materially biased; therefore, the rate was not presented.



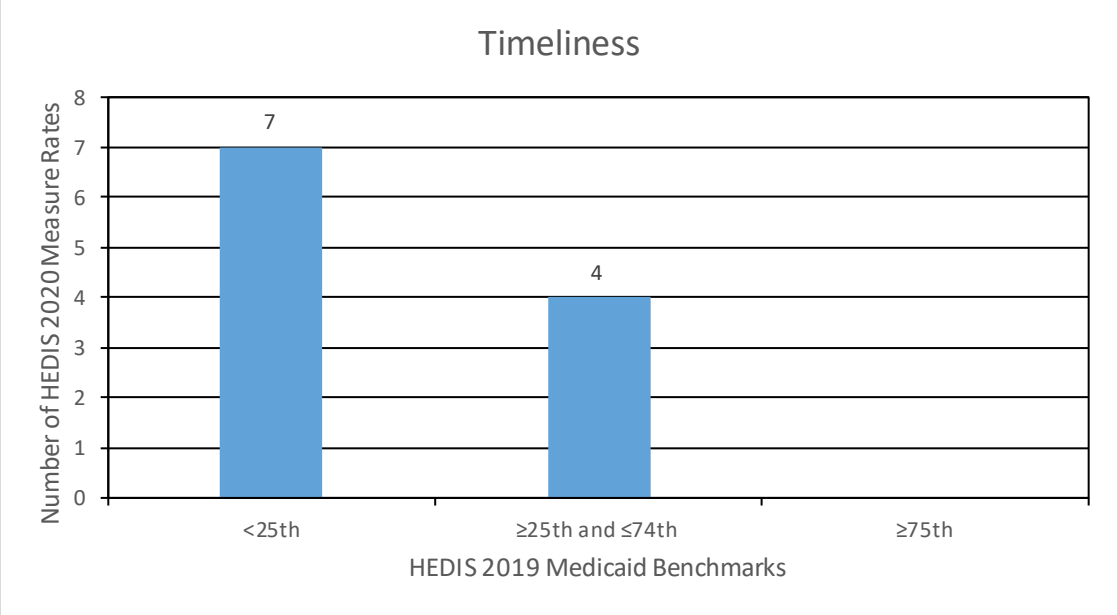
Note:
≥75th is the Agency-established performance target.
≥25th is the minimum performance target.

Twenty-two performance measure indicators comparable to benchmarks and related to **access** were evaluated as part of the Pediatric Care, Behavioral Health, and Access/Availability of Care domains. Three of the 22 (13.6 percent) measure indicators in this area met or exceeded the Agency-established performance targets. The statewide average met or exceeded the Agency's minimum performance targets for 15 of 22 (68.2 percent) measure indicators.



Note:
≥75th is the Agency-established performance target.
≥25th is the minimum performance target.

Eleven performance measure indicators comparable to benchmarks and related to **timeliness** were evaluated as part of the Pediatric Care and Behavioral Health domains. None of the 11 measure indicators in this area met or exceeded the Agency-established performance targets. The statewide average met or exceeded the Agency's minimum performance targets for four of 11 (36.4 percent) measure indicators.



Note:
≥75th is the Agency-established performance target.
≥25th is the minimum performance target.

Long-Term Care Program

For reporting year (RY) 2020, the comprehensive MMA plans and the one LTC Plus plan were required to report 16 Agency-defined measure indicators. HSAG had no concerns with the data systems and processes used by the plans for LTC measure calculations based on the information presented in the FARs and/or final audit statements. The plans reporting LTC measures continued to have adequate validation processes in place to ensure data completeness and accuracy. Overall, none of the statewide average rates for the LTC program fell below the Agency's performance targets, and two exceeded the performance targets.

Dental Plans

For RY 2020, the dental plans were required to report 11 dental measure indicators. HSAG did not receive IS capability findings from the dental plans because the dental measures reviewed are not HEDIS measures, and therefore are not required to be validated against HEDIS IS capability findings. Further, the following measures indicators were materially biased and were assigned an audit designation of *BR*: *Ambulatory Care Sensitive ED Visits for Dental Caries in Adults—Total, Ambulatory Care Sensitive ED Visits for Dental Caries in Children—Total, Follow-Up After ED Visits for Dental Caries in Children—7-Day Follow-Up—Total* and *30-Day Follow-Up—Total*, and *Follow-Up After Dental-Related ED Visits—Total.* As RY 2020 was the first year that the dental plans reported the measures, they were not

held to performance targets. Performance should continue to be monitored, as first year measure rates may not be indicative of true dental plan performance.

Aggregating and Analyzing Statewide Data

For each comprehensive, standard, and specialty plan, HSAG analyzed the results obtained from each EQR activity. From these analyses, HSAG determined which results were applicable to the domains of quality of, access to, and timeliness of care and services. HSAG then analyzed the data to determine if common themes or patterns existed that would allow conclusions about overall quality of, access to, and timeliness of care and services to be drawn for each plan independently and the overall program.

Performance Snapshot

Table 1-3 shows the statewide average performance as compared to the Agency-identified performance targets and minimum performance targets, which were established based on NCQA's Quality Compass[1-8] national Medicaid All Lines of Business 75th and 25th percentiles, respectively, for HEDIS 2019, and statewide rate increases or decreases from RY 2019 to RY 2020. Performance results for the comprehensive, standard, and specialty plans are grouped into the following domains of care:

- Pediatric Care
- Women's Care
- Living With Illness
- Behavioral Health
- Access/Availability of Care
- Appropriate Treatment and Utilization

Performance results for the LTC Plus plan and the dental plans are displayed in separate domains.

[1-8] Quality Compass® is a registered trademark of the NCQA.

Table 1-3—Statewide Average Performance Compared to Agency-Identified Performance Targets and Minimum Performance Targets

Domains of Care	# of Rates	Met or exceeded the performance target (75th percentile)	Ranked below the minimum performance target (25th percentile)	↑ Improved from prior year*	↓ Declined from prior year**
Pediatric Care	12	▪ *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits* ▪ *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* ▪ *Childhood Immunization Status—Combination 2* ▪ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total* ▪ *Adolescent Well-Care Visits*	▪ *None*	▪ *Lead Screening in Children* ▪ *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase* ▪ *Immunizations for Adolescents—Combination 2*	▪ *None*
Women's Care	3	▪ *None*	▪ *None*	▪ *None*	▪ *None*
Living With Illness	11	▪ *Asthma Medication Ratio—Total*	▪ *None*	▪ *Adult BMI Assessment* ▪ *Asthma Medication Ratio—Total*	▪ *None*
Behavioral Health	16	▪ *None*	▪ *Initiation and Engagement of AOD Abuse or Dependence Treatment—Engagement of AOD Treatment—Total* ▪ *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total* and *30-Day Follow-Up—Total* ▪ *Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Total* and *30-Day Follow-Up—Total* ▪ *Follow-Up After ED Visit for AOD Abuse or Dependence—7-Day Follow-Up—Total* and *30-Day Follow-Up—Total*	▪ *None*	▪ *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*

Domains of Care	# of Rates	Met or exceeded the performance target (75th percentile)	Ranked below the minimum performance target (25th percentile)	↑ Improved from prior year*	↓ Declined from prior year**
			▪ *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*		
Access/ Availability of Care	5	▪ *None*	▪ *None*	▪ *None*	▪ *None*
Appropriate Treatment and Utilization	4	▪ *Use of Opioids From Multiple Providers—Multiple Prescribers, Multiple Pharmacies,* and *Multiple Prescribers and Multiple Pharmacies*	▪ *Ambulatory Care (per 1,000 Member Months)—ED Visits—Total*	▪ *None*	▪ *None*
Long-Term Care	16	▪ *Screening, Risk Assessment, and Plan of Care to Prevent Future Falls—Falls Part 1—Screening* and *Falls Part 2—Falls Risk Assessment*	▪ *None*	▪ *LTSS Comprehensive Assessment and Update—Assessment of Core Elements* and *Assessment of Supplemental Elements* ▪ *LTSS Comprehensive Care Plan and Update—Care Plan With Core Elements* and *Care Plan With Supplemental Elements* ▪ *LTSS Shared Care Plan With Primary Care Practitioner (PCP)*	▪ *None*
Dental Care	11	*As RY 2020 was the first year that the dental measures were reported, the dental plans were not held to performance targets.*			

* Statewide rate demonstrated an increase of more than 3 percentage points from RY 2019 to RY 2020.
** Statewide rate demonstrated a decline of more than 3 percentage points from RY 2019 to RY 2020.

Florida Managed Care Program Findings and Conclusions

HSAG used its analyses and evaluations of EQR activity findings from SFY 2019–2020 to comprehensively assess the plans' performance in providing quality, timely, and accessible healthcare services to Agency Medicaid and CHIP members. For each plan reviewed, HSAG provides a summary of its overall key findings, conclusions, and recommendations based on the plans' performance, which can be found in Sections 2 through 4 of this report. The overall findings and conclusions for all plans were also compared and analyzed to develop overarching conclusions and recommendations for the Florida managed care program. Table 1-4 highlights substantive findings and actionable state-specific recommendations, when applicable, for the Agency to further promote its quality strategy goals and objectives.

Table 1-4—Florida Managed Care Program Substantive Findings and Recommendations

Program Strengths
All Programs • HSAG developed a compliance review tool that included the federal requirements and the state contract provisions as required under subpart D of 42 CFR §438 and the quality assessment and performance improvement requirements described in 42 CFR §438.330. The tool was developed for the comprehensive MMA, standard MMA, LTC Plus, and specialty programs. The Agency will initiate the use of the new compliance review tool during SFY 2020–2021. The tool is designed to identify strengths and weaknesses with respect to quality, timeliness, and access to care for each plan. **MMA Program** • Results within the Pediatric Care domain demonstrated five of 12 statewide average rates meeting or exceeding the Agency's RY 2020 performance target. In addition, no statewide average rates fell below the minimum performance target. Three statewide average rates demonstrated an increase of more than 3 percentage points from RY 2019 to RY 2020. Performance results may indicate children's continued timely access to care and services. • Within the Living With Illness domain, one statewide average rate demonstrated an increase of more than 3 percentage points from RY 2019 to RY 2020, demonstrating quality through the potential practitioners' use of recommended practice guidelines. • Within the Living With Illness domain, eight plans met or exceeded the Agency's RY 2020 performance target for the *Comprehensive Diabetes Care—Medical Attention for Nephropathy* measure indicator, and 11 plans met or exceeded the Agency's RY 2020 performance target for *Asthma Medication Ratio—Total* measure indicator, demonstrating quality of care in these two focused areas of care. • Three of four statewide average rates within the Appropriate Treatment and Utilization domain met or exceeded the Agency's RY 2020 performance targets, demonstrating quality of care with providers adhering to clinical practice guidelines. • Seventy-two percent of MMA PIPs received an overall *Met* validation status, indicating improved performance over last year's validation, where 50 percent of the PIPs received a *Met* validation status. PIP performance demonstrates that the plans followed the Agency-defined specifications and provided accurate documentation.

Program Strengths
• For the dental plans, all six dental PIPs (100 percent) received an overall *Met* validation status, indicating a sound design methodology. Improved performance over last year's validation, where 50 percent of the PIPs received a *Met* validation status, indicates increased likelihood that any reported improvement is related to and can be directly linked to the quality improvement strategies and activities conducted by the health plan during the PIP.
LTC Program
• Within the LTC program, four of the plans had seven measure rates that met or exceeded the Agency's RY 2020 performance targets. Additionally, seven plans with reportable measure rates met the Agency's RY 2020 performance target for the *Screening, Risk Assessment, and Plan of Care to Prevent Future Falls—Falls Part 2—Falls Risk Assessment* measure indicator, indicating quality and timeliness of care and service delivery.

Program Weaknesses
MMA Program
• None of the three statewide rates in the Women's Care domain met or exceeded the Agency's RY 2020 performance targets, demonstrating an opportunity for improvement in access and timeliness to ensure women receive needed care and recommended screenings.
• Within the Living With Illness domain, only one of 11statewide average rates met or exceeded the Agency's RY 2020 performance targets. However, no statewide average rates fell below the minimum performance target. Performance results indicate a continued need to ensure members with chronic conditions receive quality and timely access to recommended care and services.
• None of 16 statewide average rates met or exceeded the Agency's RY 2020 performance targets in the Behavioral Health domain. Eight of 16 statewide average rates fell below the minimum performance target, demonstrating opportunities for statewide improvement. Of note, one statewide average rate demonstrated a decline of more than 3 percentage points from RY 2019 to RY 2020. Access to timely, quality behavioral healthcare and service delivery continues to be an opportunity for improvement for the plans.
• None of the five statewide average rates in the Access/Availability of Care domain met the Agency's RY 2020 performance targets. Of note, RY 2020 performance in the Access/Availability of Care domain remained similar to that of RY 2019, with all five measure rates appropriate for comparison improving or declining by approximately 1 percentage point. The results of the Access/Availability of Care domain performance measurement may also have impacted results in the Behavioral Health and Living With Illness domains.

Program Recommendations	
Recommendation	**Associated Quality Strategy Goal and/or Objective**
HSAG recommends that the MMA plans conduct a focused review to identify the barriers members are experiencing in receiving care for chronic conditions, such as comprehensive diabetes care and asthma. HSAG recommends that the MMA plans identify best practices that have demonstrated success in improving the management of chronic conditions, promote positive health outcomes, and reduce overall Medicaid spending.	**Priority:** Improved Health Outcomes **Goal:** Focus on priority populations with needed, improved services

Program Recommendations	
Recommendation	**Associated Quality Strategy Goal and/or Objective**
HSAG recommends that the MMA plans consider assigning members diagnosed with a chronic condition to a medical home with a provider who has expertise in the member's diagnosis and has demonstrated successful outcomes for members with the chronic condition. HSAG also recommends consideration of other interventions such as increased use of telehealth for monitoring and managing chronic care.	**Priority:** Improved Health Outcomes **Goal:** Focus on priority populations with needed, improved services
HSAG recommends that the MMA plans use active, innovative improvement strategies and interventions that have the potential to directly impact study indicator outcomes for each PIP. The interventions tested should not only address barriers to study indicator data collection but also barriers to delivery and access to care.	**Priority:** Improved Care Coordination Via Performance Monitoring and Communication **Goal:** Promote clear communication among providers, plans, patients, families; promote care that is accessible, coordinated, co-located, optimal
HSAG recommends that the MMA plans seek enrollee input during the PIP process for the identification of barriers in order to better understand enrollee-related barriers toward access to care. Seeking member input may also identify opportunities to improve member experience of care.	**Priority:** Support for Person and Family-Centered Care **Goal:** Improve health literacy to engage recipients, families, consumers in healthcare planning and service delivery

Review of Compliance

2

Background

The Agency contracts with plans to provide services to Medicaid enrollees. The Agency is statutorily required to procure plans every five years. The Agency selected plans and entered into the second contract year in 2018 (contract term 2018–2024). To ensure plans were prepared for the transition to new contracts, all plans were required to undergo a rigorous "plan readiness" process. The plan readiness process took the Agency approximately one year to conduct and was an agency-wide initiative.

In lieu of completing a compliance review for SYF 2018–2019, since the plans were not operational, the Agency performed a readiness review. The Agency developed a readiness review request document that included contractual requirements that were required to be completed by each awarded plan. More than 155 plan submission requirements were included in the readiness review document that covered a vast array of what were to become contract requirements, such as coverage and authorization of services policies and processes, grievance and appeal systems, and provider network information. Each requirement was assigned to a specific functional unit to "score" the requirement to ensure it was met based on scoring rubrics or tools for each item. More than 100 employees throughout the Agency were responsible for reviewing plan submissions through a desk review. If a plan was found to be not in compliance with a specific requirement, the plan had one opportunity to resubmit the requirement. If upon resubmission the plan was still deficient, that requirement was discussed in detail at the on-site visit and then became part of the plan's Implementation Action Plan. All plans were required to be in compliance with every requirement. The Agency used internal tools and trackers to ensure every plan met each requirement.

The Agency made go/no-go decisions for each individual plan prior to the new contracts going live. All plans were determined to be in compliance with the readiness requirements and were approved to begin operation with the new contract period.

As noted above, CMS deemed the readiness reviews as part of the Agency's compliance review process. The Agency created a crosswalk of the requirements reviewed for the readiness reviews against CMS' compliance review requirements and determined the Agency has completed approximately 80 percent of the requirements for the federally required review via desk review and an on-site review. The on-site review included interviews with key staff members to verify what was learned via the desk review.

Compliance Review Tool

In spring 2019, as part of the Agency's planning for implementation of the compliance review, the Agency contracted with HSAG to develop a compliance review tool using the federal requirements and the state contract provisions as required under subpart D of 42 CFR §438 and the quality assessment and performance improvement requirements described in 42 CFR §438.330. The tool was developed for the following lines of business: comprehensive MMA, LTC Plus, standard MMA, and specialty. HSAG included the following federal standards with corresponding state contract requirements:

- 438.206 Availability of services
- 438.207 Adequacy of capacity of services
- 438.208 Coordination and continuity of care
- 438.210 Coverage and authorization of services
- 438.214 Provider selection/Credentialing/Recredentialing
- 438.10 Enrollee information
- 438.100 Enrollee rights and protections
- 438.224 Confidentiality
- 438.56 Enrollment and disenrollment
- 438.228 Grievance systems (including Subpart F)
- 438.230 Subcontractual relationships and delegation
- 438.236 Practice guidelines
- 438.330 Quality assessment and performance improvement
- 438.242 Health information systems

Performance Measures

3

Objectives

HSAG's role in the validation of performance measures for each plan type was to ensure that validation activities were conducted as outlined in the CMS Performance Measure Validation Protocol, cited earlier in this report. HSAG reviewed the LO's independent auditing process to ensure key audit activities were performed, and validated that performance measure rates were collected, reported, and calculated according to the specifications required by the state.

For the MMA program, the Agency required that the plans undergo an NCQA HEDIS Compliance Audit on the performance measures selected for reporting. All measure indicator data were audited by each plan's NCQA-LO. To avoid any redundancy in the auditing process, HSAG evaluated the NCQA HEDIS Compliance Audit process for consistency with the CMS protocol.

For the LTC program, the Agency required that the plans undergo a PMV audit conducted by an external audit firm in accordance with the CMS protocol. However, since some of the measures required to be reported follow the HEDIS measure specifications, the Agency intended that an NCQA HEDIS Compliance Audit be conducted to the extent possible. Based on FAR reviews, HSAG found that for the current year, all plan audits for the LTC program were conducted following the NCQA HEDIS Compliance Audit policies and procedures.

For the dental plans, a description of activities conducted will be provided in this section.

Plan-Specific Results

MMA Program

The Agency required that each plan undergo an NCQA HEDIS Compliance Audit of the performance measures selected for reporting. These audits were performed by NCQA-LOs in 2020 on data collected during CY 2019.

Results by Domain

The results sections below discuss the statewide average performance as compared to the Agency-identified performance targets and minimum performance targets, which were established based on NCQA's Quality Compass national Medicaid All Lines of Business 75th and 25th percentiles, respectively, for HEDIS 2019, and statewide rate increases or decreases from RY 2019 to RY 2020.

Please refer to the Comparative Analysis section of this report to review the plan-specific results by measure.

Plan Names and Enrollment

Some tables in this section included abbreviated names of plans. Full plan names can be found in Appendix A. In addition, plan-specific enrollment should be noted when interpreting results. Appendix B includes enrollment information for all plans.

Results—Pediatric Care

Table 3-1 displays the statewide averages calculated by HSAG for RY 2019 and RY 2020 for all measures in the Pediatric Care domain with the Agency-identified performance targets, as described above. Cells shaded in green indicate performance rates that met or exceeded the Agency's RY 2020 performance targets. To review the Pediatric Care measure rates by plan, please see the Comparative Analysis section of this report.

Table 3-1—Florida Medicaid Performance Measure Result Summary Table, Pediatric Care

Measure	Measure Source	RY 2019	RY 2020
Well-Child Visits in the First 15 Months of Life			
*No Well-Child Visits**	HEDIS	2.31%	2.22%
Six or More Well-Child Visits	HEDIS	69.64%	72.51%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life			
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	HEDIS	78.21%	79.59%
Childhood Immunization Status			
Combination 2	HEDIS	77.51%	78.83%
Combination 3	HEDIS	73.30%	74.40%
Lead Screening in Children			
Lead Screening in Children	HEDIS	71.17%	74.78%
Follow-Up Care for Children Prescribed ADHD Medication			
Initiation Phase	HEDIS	40.74%	45.78%
Continuation and Maintenance Phase	HEDIS	54.51%	57.33%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
BMI Percentile Documentation—Total	HEDIS	87.87%	89.12%

Measure	Measure Source	RY 2019	RY 2020
Adolescent Well-Care Visits			
Adolescent Well-Care Visits	HEDIS	60.41%	63.40%
Immunizations for Adolescents			
Combination 1	HEDIS	73.99%	75.65%
Combination 2	HEDIS	35.60%	38.79%

** **Lower rates indicate** better **performance for this measure.***

Indicates that the performance measure rate for RY 2020 met or exceeded the performance target.

Five of 12 (41.7 percent) statewide average rates within the Pediatric Care domain met or exceeded the Agency's RY 2020 performance target (*Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, Childhood Immunization Status—Combination 2, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total,* and *Adolescent Well-Care Visits*), and no statewide average rates fell below the minimum performance target. Additionally, three statewide average rates (*Lead Screening in Children, Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase,* and *Immunizations for Adolescents—Combination 2*) demonstrated an increase of more than 3 percentage points from RY 2019 to RY 2020.

Results—Women's Care

Table 3-2 displays the statewide averages calculated by HSAG for RY 2019 and RY 2020 for all measures in the Women's Care domain with the Agency-identified performance targets. To review the Women's Care measure rates by plan, please see the Comparative Analysis section of the report.

Table 3-2—Florida Medicaid Performance Measure Result Summary Table, Women's Care

Measure	Measure Source	RY 2019	RY 2020
Cervical Cancer Screening[1]			
Cervical Cancer Screening	HEDIS	59.86%	58.51%
Chlamydia Screening in Women			
Total	HEDIS	65.26%	64.39%
Breast Cancer Screening			
Breast Cancer Screening	HEDIS	60.09%	60.57%

[1] *Due to changes in the technical specifications for this measure, exercise caution when trending rates between RY 2020 and prior years.*

None of the three statewide rates in the Women's Care domain met or exceeded the Agency's RY 2020 performance targets. While none of the statewide rates demonstrated an improvement or decline of more than 3 percentage points from RY 2019 to RY 2020, one (*Breast Cancer Screening*) of the three statewide rates demonstrated improvement.

Results—Living With Illness

Table 3-3 displays the statewide averages calculated by HSAG for RY 2019 and RY 2020 for all measures in the Living With Illness domain with the Agency-identified performance targets. Cells shaded in green indicate performance rates that met or exceeded the Agency's RY 2020 performance targets. To review the Living With Illness measure rates by plan, please see the Comparative Analysis section of the report.

Table 3-3—Florida Medicaid Performance Measure Result Summary Table, Living With Illness

Measure	Measure Source	RY 2019	RY 2020
Comprehensive Diabetes Care			
HbA1c Testing	HEDIS	85.82%	86.66%
*HbA1c Poor Control (>9.0%)**	HEDIS	42.36%	42.39%
HbA1c Control (<8.0%)	HEDIS	48.15%	48.89%
Eye Exam (Retinal) Performed	HEDIS	56.48%	55.98%
Medical Attention for Nephropathy	HEDIS	91.84%	91.56%
Controlling High Blood Pressure			
Controlling High Blood Pressure	HEDIS	64.37%	66.34%
Adult BMI Assessment			
Adult BMI Assessment	HEDIS	88.95%	92.58%
Medical Assistance With Smoking and Tobacco Use Cessation			
Advising Smokers and Tobacco Users to Quit—Total	HEDIS	79.22%	77.50%
Discussing Cessation Medications—Total	HEDIS	55.87%	53.61%
Discussing Cessation Strategies—Total	HEDIS	49.24%	47.26%
Asthma Medication Ratio			
Total	HEDIS	71.57%	74.67%

**** Lower rates indicate better performance for this measure.***

Indicates that the performance measure rate for RY 2020 met or exceeded the performance target.

One of 11 (9.1 percent) statewide average rates within the Living With Illness domain met or exceeded the Agency's RY 2020 performance targets (*Asthma Medication Ratio—Total*), and no statewide average rates fell below the minimum performance target. Conversely, the *Adult BMI Assessment* and *Asthma Medication Ratio—Total* statewide average rates demonstrated an increase of more than 3 percentage points from RY 2019 to RY 2020.

Results—Behavioral Health

Table 3-4 displays the statewide averages calculated by HSAG for RY 2019 and RY 2020 for all measures in the Behavioral Health domain with the Agency-identified performance targets. Cells shaded in yellow indicate performance rates that fell below the minimum performance target for RY 2020. To review the Behavioral Health measure rates by plan, please see the Comparative Analysis section of the report.

Table 3-4—Florida Medicaid Performance Measure Result Summary Table, Behavioral Health

Measure	Measure Source	RY 2019	RY 2020
Initiation and Engagement of AOD Abuse or Dependence Treatment			
Initiation of AOD Treatment—Total	HEDIS	41.40%	44.15%
Engagement of AOD Treatment—Total	HEDIS	6.62%	7.00%
Follow-Up After Hospitalization for Mental Illness			
7-Day Follow-Up—Total	HEDIS	—	28.44%
30-Day Follow-Up—Total	HEDIS	—	48.25%
Follow-Up After ED Visit for Mental Illness			
7-Day Follow-Up—Total	HEDIS	28.92%	27.40%
30-Day Follow-Up—Total	HEDIS	44.59%	43.03%
Follow-Up After ED Visit for AOD Abuse or Dependence			
7-Day Follow-Up—Total	HEDIS	6.11%	6.19%
30-Day Follow-Up—Total	HEDIS	8.23%	9.42%
Antidepressant Medication Management			
Effective Acute Phase Treatment	HEDIS	52.77%	54.74%
Effective Continuation Phase Treatment	HEDIS	37.22%	39.65%
Adherence to Antipsychotic Medications for Individuals With Schizophrenia			
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	HEDIS	61.82%	60.17%
Metabolic Monitoring for Children and Adolescents on Antipsychotics			
Blood Glucose and Cholesterol Testing–Total	HEDIS	39.85%	37.72%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics[1]			
Total	HEDIS	61.67%	61.37%
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications			
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	HEDIS	73.87%	75.57%
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia			
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	HEDIS	85.71%	81.54%
Diabetes Monitoring for People With Diabetes and Schizophrenia			
Diabetes Monitoring for People With Diabetes and Schizophrenia	HEDIS	76.65%	74.44%

[1] *Due to changes in the technical specifications for this measure, exercise caution when trending rates between RY 2020 and prior years.*
— indicates that the rate is not presented because the MMA plan was not required to report the measure for RY 2020.

Indicates that the performance measure rate for RY 2020 ranked below the minimum performance target.

None of 16 statewide average rates met or exceeded the Agency's RY 2020 performance targets in the Behavioral Health domain. Eight of 16 (50.0 percent) statewide average rates fell below the minimum performance target, demonstrating opportunities for statewide improvement in the Behavioral Health

domain. Of note, one statewide average rate (*Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*) demonstrated a decline of more than 3 percentage points from RY 2019 to RY 2020.

Results—Access/Availability to Care

Table 3-5 displays the statewide averages calculated by HSAG for RY 2019 and RY 2020 for all measures in the Access/Availability to Care domain with the Agency-identified performance targets. To review the Access/Availability to Care measure rates by plan, please see the Comparative Analysis section of the report.

Table 3-5—Florida Medicaid Performance Measure Result Summary Table, Access/Availability to Care

Measure	Measure Source	RY 2019	RY 2020
Children and Adolescents' Access to Primary Care Practitioners[1]			
12–24 Months	HEDIS	94.80%	94.77%
25 Months–6 Years	HEDIS	88.76%	88.60%
7–11 Years	HEDIS	88.80%	89.95%
12–19 Years	HEDIS	85.71%	86.89%
Adults' Access to Preventive/Ambulatory Health Services			
Total	HEDIS	76.79%	77.44%

[1] *Due to changes in the technical specifications for this measure, exercise caution when trending rates between RY 2020 and prior years.*

None of the five statewide average rates in the Access/Availability of Care domain met the Agency's RY 2020 performance targets. Of note, RY 2020 performance in Access/Availability of Care domain remained similar to that of RY 2019, with all five measure rates appropriate for comparison improving or declining by approximately 1 percentage point.

Results—Appropriate Treatment and Utilization

Table 3-6 displays the statewide averages calculated by HSAG for RY 2019 and RY 2020 for all measures in the Appropriate Treatment and Utilization domain with the Agency-identified performance targets. Cells shaded in green indicate performance rates that met or exceeded the Agency's RY 2020 performance targets. Cells shaded in yellow indicate performance rates that fell below the minimum performance target for RY 2020. To review the Appropriate Treatment and Utilization measure rates by plan, please see the Comparative Analysis section of the report.

Table 3-6—Florida Medicaid Performance Measure Result Summary Table, Appropriate Treatment and Utilization

Measure	Measure Source	RY 2019	RY 2020
Ambulatory Care (per 1,000 Member Months)			
*ED Visits—Total**	HEDIS	70.97	73.30
Use of Opioids From Multiple Providers			
*Multiple Prescribers**	HEDIS	18.74%	16.00%

Measure	Measure Source	RY 2019	RY 2020
*Multiple Pharmacies**	HEDIS	5.79%	4.12%
*Multiple Prescribers and Multiple Pharmacies**	HEDIS	3.02%	2.05%

** Lower rates indicate better performance for this measure.*

Indicates that the performance measure rate for RY 2020 met or exceeded the performance target.

Indicates that the performance measure rate for RY 2020 ranked below the minimum performance target.

Three of four (75.0 percent) statewide average rates within the Appropriate Treatment and Utilization domain met or exceeded the Agency's RY 2020 performance targets (*Use of Opioids From Multiple Providers—Multiple Prescribers, Multiple Pharmacies,* and *Multiple Prescribers and Multiple Pharmacies*), and one statewide average rate fell below the minimum performance target (*Ambulatory Care [per 1,000 Member Months]—ED Visits—Total*).

Comparative Analysis

The Comparative Analysis section displays the plan-specific performance compared to the Agency-identified performance targets. Cells shaded in green indicate performance rates that met or exceeded the Agency's RY 2020 performance targets. Cells shaded in yellow indicate performance rates that fell below the minimum performance target for RY 2020.

Pediatric Care

Table 3-7 shows the performance measure names and associated measure name abbreviations for measures included in the Pediatric Care domain with the Agency-identified performance targets.

Table 3-7—Pediatric Care Domain Performance Measure Abbreviations

Performance Measure	Abbreviation
Well-Child Visits in the First 15 Months of Life—No Well-Child Visits	W15-0
Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits	W15-6+
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	W34
Childhood Immunization Status—Combination 2	CIS-2
Childhood Immunization Status—Combination 3	CIS-3
Lead Screening in Children	LSC
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase	ADD-I
Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase	ADD-C
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total	WCC
Adolescent Well-Care Visits	AWC
Immunizations for Adolescents—Combination 1	IMA-1
Immunizations for Adolescents—Combination 2	IMA-2

Table 3-8 and Table 3-9 show the results for the plans for measures within the Pediatric Care domain with the Agency-identified performance targets. Full plan names are listed in Appendix A.

Table 3-8—Pediatric Care Domain Performance Measure Results

Measure	BST-M	NBD-M	CHA-S	CMS-S	COV-C	HUM-C	LHT-M	MCC-S	MCH-M
W15-0*	NA	1.04%	NA	0.00%	1.01%	2.19%	NA	NA	NA
W15-6+	NA	77.08%	NA	55.26%	81.42%	72.75%	NA	NA	NA
W34	72.26%	81.74%	60.26%	85.40%	81.66%	80.54%	71.05%	NA	75.18%
CIS-2	62.90%	79.32%	NA	79.81%	83.70%	74.94%	66.67%	NA	57.81%
CIS-3	56.45%	75.91%	NA	73.72%	79.81%	71.05%	66.67%	NA	56.25%
LSC	56.45%	80.54%	NA	72.26%	77.86%	71.67%	57.58%	NA	59.38%
ADD-I	NA	35.96%	NA	51.00%	49.32%	38.95%	NA	21.78%	NA
ADD-C	NA	56.41%	NA	53.34%	NA	56.67%	NA	NA	NA
WCC	90.75%	90.77%	94.92%	83.21%	90.02%	92.94%	75.91%	88.08%	91.73%
AWC	50.85%	62.53%	54.76%	77.13%	63.52%	62.77%	50.12%	42.58%	60.34%
IMA-1	53.33%	81.27%	NA	76.89%	79.08%	77.37%	NA	50.23%	55.56%
IMA-2	30.00%	38.69%	NA	35.77%	41.85%	38.93%	NA	22.62%	22.22%

** Lower rates indicate better performance for this measure*
NA indicates that the plan followed the specifications, but the denominator was too small to report a valid rate.

Indicates that the performance measure rate for RY 2020 met or exceeded the performance target.

Indicates that the performance measure rate for RY 2020 ranked below the minimum performance target.

Table 3-9—Pediatric Care Domain Performance Measure Results

Measure	MOL-C	PRS-M	SHP-C	STW-C	STW-S	SUN-C	SUN-S	URA-C
W15-0*	1.09%	0.97%	1.46%	1.37%	NA	5.32%	1.02%	1.46%
W15-6+	78.69%	72.02%	76.64%	72.13%	NA	67.02%	61.99%	72.51%
W34	83.80%	84.67%	78.59%	80.33%	78.79%	78.04%	86.46%	73.89%
CIS-2	83.52%	79.81%	82.48%	78.35%	NA	76.64%	84.43%	77.37%
CIS-3	82.31%	75.91%	79.32%	72.75%	NA	71.29%	78.35%	73.24%
LSC	74.14%	82.73%	75.91%	76.61%	NA	71.84%	74.50%	73.24%
ADD-I	46.42%	36.36%	44.25%	46.15%	58.14%	45.21%	48.48%	46.36%
ADD-C	62.59%	47.76%	57.90%	63.13%	NA	63.30%	57.83%	62.11%
WCC	89.74%	90.75%	90.02%	86.62%	85.40%	88.89%	89.53%	92.70%
AWC	66.34%	69.34%	65.94%	65.33%	55.23%	57.66%	66.41%	57.66%
IMA-1	78.29%	82.00%	80.05%	74.21%	73.19%	71.53%	77.62%	70.56%
IMA-2	43.41%	49.39%	40.15%	39.66%	37.22%	36.50%	36.98%	33.58%

** Lower rates indicate better performance for this measure*
NA indicates that the plan followed the specifications, but the denominator was too small to report a valid rate.

Indicates that the performance measure rate for RY 2020 met or exceeded the performance target.

Indicates that the performance measure rate for RY 2020 ranked below the minimum performance target.

Within the Pediatric Care domain, Community Care Plan-M, Children's Medical Services-S, Aetna Better Health-C, Molina-C, Prestige-M, Simply-C, Staywell-C, and Sunshine-S were the highest-performing plans as at least five of each plan's rates met or exceeded the Agency's RY 2020 performance targets. It is worth noting that Simply-C, Staywell-C, and Sunshine-S are some of the largest plans in terms of

Medicaid enrollment (see Appendix B for enrollment details). Additionally, at least five plans met or exceeded the Agency's RY 2020 performance targets for the *Well-Child Visits in the First 15 Months of Life—Six or More Well-Child Visits*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; *Childhood Immunization Status—Combination 2* and *Combination 3*; *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total*; and *Adolescent Well-Care Visits* measure indicators. Conversely, Vivida-M, Magellan-S, and Miami Children's Health-M were the lowest-performing plans with four or more measure rates falling below the minimum performance target. Of note, two plans (Lighthouse-M and Sunshine-C) had more than one measure rate fall below the minimum performance target. Seven of the 15 (approximately 46.7 percent) plans with a reportable measure rate fell below the minimum performance target for the *Immunizations for Adolescents—Combination 1* measure indicator.

Women's Care

Table 3-10 shows the performance measure names and associated measure name abbreviations for measures included in the Women's Care domain with the Agency-identified performance targets.

Table 3-10—Women's Care Domain Performance Measure Abbreviations

Performance Measure	Abbreviation
Cervical Cancer Screening	CCS
Chlamydia Screening in Women—Total	CHL
Breast Cancer Screening	BCS

Table 3-11 and Table 3-12 show the results for the plans for measures within the Women's Care domain with the Agency-identified performance targets.

Table 3-11—Women's Care Domain Performance Measure Results

Measure	BST-M	NBD-M	CHA-S	CMS-S	COV-C	HUM-C	LHT-M	MCC-S	MCH-M
CCS	37.20%	62.76%	69.34%	—	66.67%	59.85%	28.22%	49.15%	20.19%
CHL	55.08%	68.25%	84.91%	48.67%	69.98%	66.83%	50.95%	62.47%	71.98%
BCS	NA	66.35%	54.31%	—	68.00%	61.15%	NA	43.11%	NA

NA indicates that the plan followed the specifications, but the denominator was too small to report a valid rate.
— indicates that the rate is not presented because the plan was not required to report the measure for RY 2020.

Indicates that the performance measure rate for RY 2020 met or exceeded the performance target.

Indicates that the performance measure rate for RY 2020 ranked below the minimum performance target.

Table 3-12—Women's Care Domain Performance Measure Results

Measure	MOL-C	PRS-M	SHP-C	STW-C	STW-S	SUN-C	SUN-S	URA-C
CCS	63.26%	57.66%	65.69%	62.56%	38.69%	54.36%	—	61.56%
CHL	67.81%	72.88%	60.69%	63.79%	66.19%	67.17%	70.80%	62.08%
BCS	69.21%	60.65%	65.80%	59.79%	56.62%	58.52%	—	56.54%

— indicates that the rate is not presented because the plan was not required to report the measure for RY 2020.

Indicates that the performance measure rate for RY 2020 met or exceeded the performance target.

Indicates that the performance measure rate for RY 2020 ranked below the minimum performance target.

Within the Women's Care domain, Aetna Better Health-C was the highest-performing plan with all its rates meeting or exceeding the Agency's RY 2020 performance targets. Additionally, nine of the 17 (approximately 52.9 percent) plans met or exceeded the Agency's RY 2020 performance target for the *Chlamydia Screening in Women—Total* measure. At least six plans fell below the minimum performance target for the *Cervical Cancer Screening* measure indicator.

Living With Illness

Table 3-13 shows the performance measure names and associated measure name abbreviations for measures included in the Living With Illness domain with the Agency-identified performance targets.

Table 3-13—Living With Illness Domain Performance Measure Abbreviations

Performance Measure	Abbreviation
Comprehensive Diabetes Care—HbA1c Testing	CDC-T
Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)	CDC-9
Comprehensive Diabetes Care—HbA1c Control (<8.0%)	CDC-8
Comprehensive Diabetes Care—Eye Exam (Retinal) Performed	CDC-E
Comprehensive Diabetes Care—Medical Attention for Nephropathy	CDC-N
Controlling High Blood Pressure	CBP
Adult BMI Assessment	ABA
Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit—Total	MSC-A
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications—Total	MSC-M
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies—Total	MSC-S
Asthma Medication Ratio—Total	AMR

Table 3-14 and Table 3-15 show the results for the plans for measures within the Living With Illness domain with the Agency-identified performance targets.

Table 3-14—Living With Illness Domain Performance Measure Results

Measure	BST-M	NBD-M	CHA-S	CMS-S	COV-C	HUM-C	LHT-M	MCC-S	MCH-M
CDC-T	91.80%	89.54%	83.45%	90.44%	88.56%	88.56%	86.23%	84.18%	79.37%
CDC-9*	54.10%	34.06%	48.42%	59.76%	40.88%	37.96%	61.08%	57.91%	69.84%
CDC-8	39.34%	54.50%	44.28%	28.69%	52.31%	51.82%	34.73%	36.98%	22.22%
CDC-E	13.11%	65.69%	38.93%	45.02%	53.53%	59.12%	12.57%	28.47%	6.35%
CDC-N	91.80%	95.38%	93.67%	85.66%	94.40%	90.75%	91.62%	90.02%	87.30%
CBP	60.36%	68.37%	63.99%	61.46%	71.54%	74.70%	50.58%	54.01%	53.47%
ABA	NA	97.17%	94.89%	73.72%	96.67%	93.92%	NA	89.78%	NA
MSC-A	NA	NA	88.34%	—	69.64%	NA	NA	69.83%	NA
MSC-M	NA	NA	67.90%	—	47.75%	NA	NA	47.46%	NA

Measure	BST-M	NBD-M	CHA-S	CMS-S	COV-C	HUM-C	LHT-M	MCC-S	MCH-M
MSC-S	NA	NA	66.67%	—	36.04%	NA	NA	43.50%	NA
AMR	NA	69.55%	33.92%	81.60%	79.01%	71.16%	NA	51.00%	NA

** Lower rates indicate better performance for this measure.*
NA indicates that the plan followed the specifications, but the denominator was too small to report a valid rate.
— indicates that the rate is not presented because the plan was not required to report the measure for RY 2020.

Indicates that the performance measure rate for RY 2020 met or exceeded the performance target.

Indicates that the performance measure rate for RY 2020 ranked below the minimum performance target.

Table 3-15—Living With Illness Domain Performance Measure Results

Measure	MOL-C	PRS-M	SHP-C	STW-C	STW-S	SUN-C	SUN-S	URA-C
CDC-T	92.21%	88.32%	88.56%	84.43%	83.94%	86.62%	NA	86.13%
CDC-9*	33.58%	45.74%	31.87%	47.45%	54.01%	46.96%	NA	36.98%
CDC-8	56.93%	43.80%	58.39%	44.53%	38.20%	45.50%	NA	54.26%
CDC-E	65.21%	56.45%	58.15%	56.93%	46.72%	61.31%	NA	57.18%
CDC-N	94.89%	93.67%	93.43%	89.54%	92.70%	91.16%	NA	92.70%
CBP	72.13%	59.61%	71.05%	61.56%	58.64%	63.14%	NA	65.94%
ABA	96.86%	88.81%	92.70%	93.15%	89.78%	88.78%	NA	93.19%
MSC-A	NA	NA	NA	79.53%	NA	NA	—	84.48%
MSC-M	NA	NA	NA	53.30%	NA	NA	—	54.70%
MSC-S	NA	NA	NA	45.67%	NA	NA	—	46.15%
AMR	81.82%	76.32%	77.48%	75.85%	62.16%	72.33%	80.00%	71.17%

** Lower rates indicate better performance for this measure.*
NA indicates that the plan followed the specifications, but the denominator was too small to report a valid rate.
— indicates that the rate is not presented because the plan was not required to report the measure for RY 2020.

Indicates that the performance measure rate for RY 2020 met or exceeded the performance target.

Indicates that the performance measure rate for RY 2020 ranked below the minimum performance target.

Within the Living With Illness domain, Community Care Plan-M, Molina-C, and Simply-C were the highest-performing plans with at least half of each plan's reportable measure rates meeting or exceeding the Agency's RY 2020 performance targets. Sunshine-S met or exceeded the Agency's RY 2020 performance target for its one reportable measure rate in RY 2020 (*Asthma Medication Ratio—Total*). Additionally, eight plans met or exceeded the Agency's RY 2020 performance target for the *Comprehensive Diabetes Care—Medical Attention for Nephropathy* measure indicator, and 11 plans met or exceeded the Agency's RY 2020 performance target for *Asthma Medication Ratio—Total* measure indicator. Conversely, Children's Medical Services-S, Magellan-S, and Miami Children's Health-M were the lowest-performing plans, with a majority of each plan's reportable measure rates falling below the minimum performance target. At least seven plans fell below the minimum performance target for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%),* and *Eye Exam (Retinal) Performed* measure indicators.

Behavioral Health

Table 3-16 shows the performance measure names and associated measure name abbreviations for measures included in the Behavioral Health domain with the Agency-identified performance targets.

Table 3-16—Behavioral Health Domain Performance Measure Abbreviations

Performance Measure	Abbreviation
Initiation and Engagement of AOD Abuse or Dependence Treatment—Initiation of AOD Treatment—Total	IET-I
Initiation and Engagement of AOD Abuse or Dependence Treatment—Engagement of AOD Treatment—Total	IET-E
Follow-Up-After Hospitalization for Mental Illness—7-Day Follow-Up—Total	FUH-7
Follow-Up-After Hospitalization for Mental Illness—30-Day Follow-Up—Total	FUH-30
Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Total	FUM-7
Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up—Total	FUM-30
Follow-Up After ED Visit for AOD Abuse or Dependence—7-Day Follow-Up—Total	FUA-7
Follow-Up After ED Visit for AOD Abuse or Dependence—30-Day Follow-Up—Total	FUA-30
Antidepressant Medication Management—Effective Acute Phase Treatment	AMM-A
Antidepressant Medication Management—Effective Continuation Phase Treatment	AMM-C
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	SAA
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total	APM
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics—Total	APP
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	SSD
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	SMC
Diabetes Monitoring for People With Diabetes and Schizophrenia	SMD

Table 3-17 and Table 3-17 show the results for the plans for measures within the Behavioral Health domain with the Agency-identified performance targets.

Table 3-17—Behavioral Health Domain Performance Measure Results

Measure	BST-M	NBD-M	CHA-S	CMS-S	COV-C	HUM-C	LHT-M	MCC-S	MCH-M
IET-I	45.76%	36.80%	47.14%	54.11%	38.55%	41.55%	30.96%	52.87%	48.19%
IET-E	15.25%	6.69%	4.74%	12.33%	5.47%	5.33%	5.58%	6.81%	6.02%
FUH-7	1.79%	35.96%	8.12%	41.94%	36.85%	36.60%	0.00%	20.39%	1.27%
FUH-30	7.14%	54.68%	12.61%	67.01%	58.16%	57.46%	0.00%	37.76%	2.53%
FUM-7	NA	30.16%	30.11%	40.58%	26.49%	27.24%	25.74%	28.86%	42.11%
FUM-30	NA	38.10%	43.01%	60.06%	47.68%	44.14%	40.59%	48.01%	71.05%
FUA-7	NA	3.08%	5.26%	2.27%	4.55%	4.40%	13.89%	6.01%	NA
FUA-30	NA	9.23%	8.55%	2.27%	7.58%	7.51%	20.83%	7.82%	NA

Measure	BST-M	NBD-M	CHA-S	CMS-S	COV-C	HUM-C	LHT-M	MCC-S	MCH-M
AMM-A	NA	53.10%	55.51%	70.39%	50.94%	56.35%	NA	49.38%	NA
AMM-C	NA	45.13%	41.22%	58.55%	40.07%	40.02%	NA	36.68%	NA
SAA	NA	61.11%	49.63%	64.81%	58.26%	64.03%	NA	58.10%	NA
APM	NA	50.85%	NA	40.02%	44.44%	38.20%	18.64%	35.43%	NA
APP	NA	43.18%	NA	45.01%	78.49%	61.39%	NA	68.46%	NA
SSD	—	—	—	—	—	—	—	72.42%	—
SMC	—	—	—	—	—	—	—	85.37%	—
SMD	—	—	—	—	—	—	—	74.21%	—

NA indicates that the plan followed the specifications, but the denominator was too small to report a valid rate.
— indicates that the rate is not presented because the plan was not required to report the measure for RY 2020.

Indicates that the performance measure rate for RY 2020 met or exceeded the performance target.

Indicates that the performance measure rate for RY 2020 ranked below the minimum performance target.

Table 3-18—Behavioral Health Domain Performance Measure Results

Measure	MOL-C	PRS-M	SHP-C	STW-C	STW-S	SUN-C	SUN-S	URA-C
IET-I	40.90%	41.09%	33.15%	46.59%	51.47%	45.46%	47.28%	39.89%
IET-E	7.45%	3.06%	4.65%	8.16%	8.05%	7.74%	12.77%	6.64%
FUH-7	38.83%	30.97%	15.36%	27.46%	24.39%	31.26%	45.60%	29.61%
FUH-30	63.27%	55.41%	28.49%	47.59%	42.39%	53.63%	71.51%	50.57%
FUM-7	22.39%	25.23%	33.63%	25.02%	23.37%	25.34%	52.20%	25.76%
FUM-30	47.01%	42.99%	50.06%	39.71%	37.44%	38.91%	65.37%	41.02%
FUA-7	5.92%	10.69%	4.87%	6.47%	7.77%	4.61%	1.28%	7.69%
FUA-30	8.88%	13.74%	7.79%	10.11%	11.49%	6.29%	3.85%	11.54%
AMM-A	59.56%	50.00%	59.08%	52.46%	54.44%	49.40%	64.71%	58.78%
AMM-C	41.53%	33.33%	44.40%	37.43%	38.91%	34.78%	32.35%	43.60%
SAA	64.42%	64.06%	65.86%	57.78%	55.06%	70.19%	NA	64.52%
APM	44.55%	58.02%	34.33%	34.61%	35.68%	35.59%	46.17%	39.24%
APP	77.39%	78.35%	65.59%	65.55%	60.83%	67.00%	73.37%	55.28%
SSD	—	—	—	—	76.69%	—	—	—
SMC	—	—	—	—	NA	—	—	—
SMD	—	—	—	—	74.52%	—	—	—

NA indicates that the plan followed the specifications, but the denominator was too small to report a valid rate.
— indicates that the rate is not presented because the plan was not required to report the measure for RY 2020.

Indicates that the performance measure rate for RY 2020 met or exceeded the performance target.

Indicates that the performance measure rate for RY 2020 ranked below the minimum performance target.

Within the Behavioral Health domain, Children's Medical Services-S, Molina-C, and Sunshine-S were the highest-performing plans, with at least four measure rates for each plan meeting or exceeding the Agency's RY 2020 performance targets. Additionally, at least five plans with reportable measure rates met the Agency's RY 2020 performance target for the *Initiation and Engagement of AOD Abuse or Dependence Treatment—Initiation of AOD Treatment—Total*, *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*, *Metabolic Monitoring for*

Children and Adolescents on Antipsychotics—Total, and *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* measures. Conversely, Clear Health-S, Lighthouse-M, and Staywell-C were the lowest-performing plans, with seven measure rates for each plan falling below the minimum performance target. At least 11 plans fell below the minimum performance target for the *Initiation and Engagement of AOD Abuse or Dependence Treatment—Engagement of AOD Treatment—Total* and *Follow-Up After ED Visit for AOD Abuse or Dependence—7-Day Follow-Up—Total* and *30-Day Follow-Up—Total* measure indicators.

Access/Availability of Care

Table 3-19 shows the performance measure names and associated measure name abbreviations for measures included in the Access/Availability of Care domain with the Agency-identified performance targets.

Table 3-19—Access/Availability of Care Domain Performance Measure Abbreviations

Performance Measure	Abbreviation
Children and Adolescents' Access to Primary Care Practitioners—12–24 Months	CAP-1
Children and Adolescents' Access to Primary Care Practitioners—25 Months–6 Years	CAP-2
Children and Adolescents' Access to Primary Care Practitioners—7–11 Years	CAP-3
Children and Adolescents' Access to Primary Care Practitioners—12–19 Years	CAP-4
Adults' Access to Preventive/Ambulatory Health Services—Total	AAP

Table 3-20 and Table 3-21 show the results for the plans for measures within the Access/Availability of Care domain with the Agency-identified performance targets.

Table 3-20—Access/Availability of Care Domain Performance Measure Results

Measure	BST-M	NBD-M	CHA-S	CMS-S	COV-C	HUM-C	LHT-M	MCC-S	MCH-M
CAP-1	91.32%	95.30%	NA	98.92%	95.22%	92.87%	93.90%	NA	91.52%
CAP-2	82.56%	90.71%	65.96%	94.95%	89.04%	86.36%	81.85%	NA	87.42%
CAP-3	NA	91.99%	NA	97.43%	92.69%	88.99%	NA	70.90%	NA
CAP-4	NA	86.98%	NA	95.60%	89.13%	86.77%	NA	68.84%	NA
AAP	62.17%	69.38%	89.20%	—	70.89%	80.26%	59.70%	75.32%	48.38%

NA indicates that the plan followed the specifications, but the denominator was too small to report a valid rate.
— indicates that the rate is not presented because the plan was not required to report the measure for RY 2020.

Indicates that the performance measure rate for RY 2020 met or exceeded the performance target.

Indicates that the performance measure rate for RY 2020 ranked below the minimum performance target.

Table 3-21—Access/Availability of Care Domain Performance Measure Results

Measure	MOL-C	PRS-M	SHP-C	STW-C	STW-S	SUN-C	SUN-S	URA-C
CAP-1	97.08%	96.40%	96.54%	95.93%	NA	92.42%	98.27%	93.83%
CAP-2	91.82%	93.34%	91.84%	89.50%	92.42%	85.14%	90.06%	85.31%
CAP-3	92.59%	92.22%	92.64%	90.27%	94.88%	85.37%	86.83%	86.04%

Measure	MOL-C	PRS-M	SHP-C	STW-C	STW-S	SUN-C	SUN-S	URA-C
CAP-4	89.79%	89.64%	89.33%	87.52%	92.72%	81.42%	82.50%	82.70%
AAP	80.51%	73.22%	78.56%	78.91%	81.10%	68.63%	—	78.14%

NA indicates that the MMA plan followed the specifications, but the denominator was too small to report a valid rate.
— indicates that the rate is not presented because the MMA plan was not required to report the measure for RY 2020.

Indicates that the performance measure rate for RY 2020 met or exceeded the performance target.

Indicates that the performance measure rate for RY 2020 ranked below the minimum performance target.

Within the Access/Availability of Care domain, Children's Medical Services-S was the highest-performing plan, with four measure rates meeting or exceeding the Agency's RY 2020 performance targets. Additionally, six of the 16 (37.5 percent) plans met the Agency's RY 2020 performance target for the *Children and Adolescents' Access to Primary Care Practitioners—25 Months–6 Years* measure indicator. Conversely, Vivida-M, Magellan-S, and Sunshine-C were the lowest-performing plans, with at least three measure rates for each plan falling below the minimum performance target. Eight plans fell below the minimum performance target for the *Adults' Access to Preventive/Ambulatory Health Services—Total* measure indicator.

Appropriate Treatment and Utilization

Table 3-22 shows the performance measure names and associated measure name abbreviations for measures included in the Appropriate Treatment and Utilization domain with the Agency-identified performance targets.

Table 3-22—Appropriate Treatment and Utilization Domain Performance Measure Abbreviations

Performance Measure	Abbreviation
Ambulatory Care (per 1,000 Member Months)—ED Visits—Total	AMB-E
Use of Opioids From Multiple Providers—Multiple Prescribers	UOP-1
Use of Opioids From Multiple Providers—Multiple Pharmacies	UOP-2
Use of Opioids From Multiple Providers—Multiple Prescribers and Multiple Pharmacies	UOP-3

Table 3-23 and Table 3-24 show the results for the plans for measures within the Appropriate Treatment and Utilization domain with the Agency-identified performance targets.

Table 3-23—Appropriate Treatment and Utilization Domain Performance Measure Results

Measure	BST-M	NBD-M	CHA-S	CMS-S	COV-C	HUM-C	LHT-M	MCC-S	MCH-M
AMB-E*	62.74	61.98	160.96	63.47	66.26	70.82	79.71	148.43	58.09
UOP-1*	21.05%	16.47%	13.55%	NR	13.87%	17.15%	19.01%	17.30%	6.45%
UOP-2*	5.26%	2.35%	4.01%	NR	12.30%	3.88%	4.23%	6.06%	6.45%
UOP-3*	2.63%	1.76%	2.10%	NR	5.66%	1.87%	2.11%	3.41%	3.23%

** Lower rates indicate better performance for this measure.*
NR indicates that the plan's reported rate was not reported; therefore, the rate is not presented.

Indicates that the performance measure rate for RY 2020 met or exceeded the performance target.

Indicates that the performance measure rate for RY 2020 ranked below the minimum performance target.

Table 3-24—Appropriate Treatment and Utilization Domain Performance Measure Results

Measure	MOL-C	PRS-M	SHP-C	STW-C	STW-S	SUN-C	SUN-S	URA-C
AMB-E*	65.06	62.85	65.57	79.13	142.07	68.03	52.29	69.85
UOP-1*	15.63%	11.96%	11.55%	15.76%	19.73%	16.77%	NA	16.82%
UOP-2*	4.35%	2.87%	2.75%	4.39%	5.67%	3.13%	NA	3.56%
UOP-3*	2.04%	0.48%	1.29%	2.11%	3.09%	1.83%	NA	1.82%

** Lower rates indicate better performance for this measure.*
NA indicates that the plan followed the specifications, but the denominator was too small to report a valid rate.

Indicates that the performance measure rate for RY 2020 met or exceeded the performance target.

Indicates that the performance measure rate for RY 2020 ranked below the minimum performance target.

Within the Appropriate Treatment and Utilization domain, Community Care Plan-M, Clear Health-S, Humana-C, Prestige-M, Simply-C, Sunshine-C, and United-C were the highest-performing plans with three measure rates meeting or exceeding the Agency's RY 2020 performance targets. Additionally, 12 of the 14 (85.7 percent) plans met the Agency's RY 2020 performance target for the *Use of Opioids From Multiple Providers—Multiple Prescribers* measure indicator. Conversely, Aetna Better Health-C was the lowest-performing plan, with two measure rates falling below the minimum performance target. Eight plans fell below the minimum performance target for the *Ambulatory Care (per 1,000 Member Months)—ED Visits—Total* measure indicator.

LTC Program

The Agency contracted with seven comprehensive MMA plans and one LTC Plus plan to provide LTC services to Medicaid enrollees. The plans were required to report 16 performance measure indicators for SFY 2019–2020 using CY 2019 data. The Agency established a performance target for the reported LTC measures (85 percent for each measure indicator). Plans underwent a PMV audit to ensure that the rates calculated and reported for these measures were valid and accurate. The Agency intended that an NCQA HEDIS Compliance Audit be conducted for all plans to the extent possible. All audits were conducted by LOs.

Table 3-25 displays the LTC program statewide averages for RY 2019 and RY 2020 for all measures in the LTC program with the Agency-identified performance targets. Cells shaded in green indicate performance rates that met or exceeded the Agency's RY 2020 performance targets. To review the LTC measure rates by plan, please see the Comparative Analysis section of the report.

Table 3-25—Florida Medicaid LTC Program Statewide Averages

Measure	Measure Source	RY 2019	RY 2020
LTSS Comprehensive Assessment and Update			
Assessment of Core Elements	MLTSS	66.25%	81.44%
Assessment of Supplemental Elements	MLTSS	61.87%	75.27%
LTSS Comprehensive Care Plan and Update			
Care Plan With Core Elements	MLTSS	47.61%	78.54%
Care Plan With Supplemental Elements	MLTSS	50.20%	78.43%

Measure	Measure Source	RY 2019	RY 2020
LTSS Shared Care Plan With PCP			
LTSS Shared Care Plan With PCP	MLTSS	54.06%	83.77%
LTSS Reassessment/Care Plan Update After Inpatient Discharge			
Reassessment After Inpatient Discharge	MLTSS	27.50%	24.81%
Reassessment and Care Plan Update After Inpatient Discharge	MLTSS	19.15%	21.15%
Screening, Risk Assessment, and Plan of Care to Prevent Future Falls			
Falls Part 1—Screening	MLTSS	—	92.20%
Falls Part 2—Falls Risk Assessment	MLTSS	—	98.74%
Falls Part 2—Plan of Care for Falls	MLTSS	—	67.48%
LTSS Minimizing Institutional Length of Stay			
LTSS Minimizing Institutional Length of Stay—Observed Rate	MLTSS	—	42.51%
LTSS Minimizing Institutional Length of Stay—Expected Rate	MLTSS	—	21.91%
LTSS Minimizing Institutional Length of Stay—Observed/Expected Ratio	MLTSS	—	1.94
LTSS Successful Transition After Long-Term Institutional Stay			
LTSS Successful Transition After Long-Term Institutional Stay—Observed Rate	MLTSS	—	25.34%
LTSS Successful Transition After Long-Term Institutional Stay—Expected Rate	MLTSS	—	47.40%
LTSS Successful Transition After Long-Term Institutional Stay—O/E Ratio	MLTSS	—	0.53

— indicates that the RY 2019 rate is not presented because the plans were not required to report the measure until RY 2020. This symbol may also indicate that NCQA recommended a break in trending; therefore, the RY 2019 rate is not displayed.

Indicates that the performance measure rate for RY 2020 met or exceeded the performance target.

Two of the 16 statewide rates in the LTC program met or exceeded the Agency's RY 2020 performance targets. Five of the statewide rates demonstrated an improvement of more than 3 percentage points from RY 2019 to RY 2020.

Comparative Analysis

Table 3-26 shows the LTC performance measure names and associated measure name abbreviations for measures reported by the plans.

Table 3-26—LTC Performance Measure Abbreviations

Performance Measure	Abbreviation
LTSS Comprehensive Assessment and Update—Assessment of Core Elements	CAU-1
LTSS Comprehensive Assessment and Update—Assessment of Supplemental Elements	CAU-2
LTSS Comprehensive Care Plan and Update—Care Plan With Core Elements	CPU-1
LTSS Comprehensive Care Plan and Update—Care Plan With Supplemental Elements	CPU-2
LTSS Shared Care Plan With PCP	SCP
LTSS Reassessment/Care Plan Update After Inpatient Discharge—Reassessment After Inpatient Discharge	UIC-1
LTSS Reassessment/Care Plan Update After Inpatient Discharge—Reassessment and Care Plan Update After Inpatient Discharge	UIC-2
Screening, Risk Assessment, and Plan of Care to Prevent Future Falls—Falls Part 1—Screening	PFF-1
Screening, Risk Assessment, and Plan of Care to Prevent Future Falls—Falls Part 2—Falls Risk Assessment	PFF-2
Screening, Risk Assessment, and Plan of Care to Prevent Future Falls—Falls Part 2—Plan of Care for Falls	PFF-3
LTSS Minimizing Institutional Length of Stay—Observed Rate	MIS-1
LTSS Minimizing Institutional Length of Stay—Expected Rate	MIS-2
LTSS Minimizing Institutional Length of Stay—O/E Ratio	MIS-3
LTSS Successful Transition After Long-Term Institutional Stay—Observed Rate	TIS-1
LTSS Successful Transition After Long-Term Institutional Stay—Expected Rate	TIS-2
LTSS Successful Transition After Long-Term Institutional Stay—O/E Ratio	TIS-3

Table 3-27 shows the results for LTC measures reported by the plans.

Table 3-27—LTC Performance Measure Results

Measure	COV-C	FCC-L	HUM-C	MOL-C	SHP-C	STW-C	SUN-C	URA-C
CAU-1	87.83%	91.97%	72.51%	86.37%	96.47%	76.40%	87.83%	67.15%
CAU-2	78.83%	91.97%	56.93%	85.16%	96.47%	70.07%	85.16%	65.94%
CPU-1	90.27%	91.97%	78.83%	85.89%	85.68%	38.20%	90.27%	45.50%
CPU-2	90.51%	91.97%	78.83%	85.16%	85.68%	38.20%	90.02%	45.50%
SCP	95.62%	89.05%	97.57%	88.52%	73.88%	64.48%	83.16%	61.83%
UIC-1	NA	13.10%	24.57%	30.90%	46.33%	7.54%	33.58%	9.25%
UIC-2	NA	6.90%	23.60%	25.55%	30.51%	1.95%	27.98%	4.62%
PFF-1	100.00%	91.00%	91.04%	99.76%	100.00%	67.40%	98.30%	84.66%
PFF-2	91.23%	100.00%	99.52%	89.55%	100.00%	98.13%	98.30%	BR
PFF-3	39.47%	40.88%	99.52%	73.13%	89.19%	64.80%	73.72%	BR
MIS-1	99.16%	NA	17.47%	31.27%	34.00%	NA	39.17%	61.80%
MIS-2	38.63%	NA	26.09%	21.10%	24.26%	NA	21.91%	16.67%
MIS-3	2.57	NA	0.67	1.48	1.40	NA	1.79	3.71

Measure	COV-C	FCC-L	HUM-C	MOL-C	SHP-C	STW-C	SUN-C	URA-C
TIS-1	NA	NA	0.89%	NA	10.26%	NA	36.94%	67.49%
TIS-2	NA	NA	28.34%	NA	61.95%	NA	47.23%	43.66%
TIS-3	NA	NA	0.03	NA	0.17	NA	0.78	1.55

NA indicates that the plan followed the specifications, but the denominator was too small to report a valid rate.
BR indicates that the plan's reported rate was invalid; therefore, the rate was not presented.

Indicates that the performance measure rate for RY 2019 met or exceeded the performance target.

Within the LTC program, Aetna Better Health-C, Florida Community Care-L, Molina-C, and Simply-C were the highest-performing plans, with seven measure rates meeting or exceeding the Agency's RY 2020 performance targets. Additionally, seven plans with reportable measure rates met the Agency's RY 2020 performance target for the *Screening, Risk Assessment, and Plan of Care to Prevent Future Falls—Falls Part 2—Falls Risk Assessment* measure indicator.

Dental Plans

Table 3-28 displays the dental plan statewide averages for RY 2020.

Table 3-28—Florida Dental Plan Statewide Averages

Measure	Measure Source	RY 2020
Annual Dental Visits		
Annual Dental Visits—Total	American Dental Association	50.65%
Ambulatory Care Sensitive ED Visits for Dental Caries in Adults		
Ambulatory Care Sensitive ED Visits for Dental Caries in Adults—Total	American Dental Association	8.67
Oral Evaluation		
Oral Evaluation—Total	American Dental Association	39.50%
Topical Fluoride for Children at Elevated Caries Risk		
Topical Fluoride for Children at Elevated Caries Risk—Total	American Dental Association	32.32%
Ambulatory Care Sensitive ED Visits for Dental Caries in Children		
Ambulatory Care Sensitive ED Visits for Dental Caries in Children—Total	American Dental Association	1.35
Follow-Up After ED Visits for Dental Caries in Children		
Follow-Up After ED Visits for Dental Caries in Children—7-Day Follow-Up—Total	American Dental Association	34.00%
Follow-Up After ED Visits for Dental Caries in Children—30-Day Follow-Up—Total	American Dental Association	58.00%
Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk		
Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk—Total	American Dental Association	31.76%
Follow-Up After Dental-Related ED Visits		
Follow-Up After Dental-Related ED Visits	American Dental Association	58.00%
Preventive Dental Services		
Preventive Dental Services—Total	American Dental Association	36.09%
Dental Treatment Services		
Dental Treatment Services—Total	American Dental Association	14.14%

The dental plans were not held to performance targets in RY 2020; therefore, the statewide average rates are for information only.

Comparative Analysis

Table 3-29 shows the performance measure names and associated measure name abbreviations for measures reported by the dental plans.

Table 3-29—Dental Performance Measure Abbreviations

Performance Measure	Abbreviation
Annual Dental Visits—Total	ADV
Ambulatory Care Sensitive ED Visits for Dental Caries in Adults—Total	EDV-A-A
Oral Evaluation—Total	OEV-CH-A
Topical Fluoride for Children at Elevated Caries Risk—Total	TLF-CH-A
Ambulatory Care Sensitive ED Visits for Dental Caries in Children—Total	EDV-CH-A
Follow-Up After ED Visits for Dental Caries in Children—7 Day Follow-Up—Total	EDF-CH-A-7
Follow-Up After ED Visits for Dental Caries in Children—30 Day Follow-Up—Total	EDF-CH-A-30
Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk—Total	SEAL
Follow-Up After Dental-Related ED Visits	FUD
Preventive Dental Services—Total	PDENT
Dental Treatment Services—Total	TDENT

Table 3-30 shows the results for measures reported by the dental plans.

Table 3-30—Dental Performance Measure Results

Measure	DQT-D	LIB-D	MCA-D
ADV	51.94%	49.44%	49.47%
EDV-A-A	BR*	BR^	8.67
OEV-CH-A	40.35%	38.70%	38.81%
TLF-CH-A	32.58%	29.10%	36.37%
EDV-CH-A	BR*	BR^	1.35
EDF-CH-A-7	BR*	BR^	34.00%
EDF-CH-A-30	BR*	BR^	58.00%
SEAL	29.53%	36.53%	39.27%
FUD	BR*	BR^	58.00%
PDENT	36.30%	35.80%	36.05%
TDENT	14.23%	14.81%	12.61%

BR indicates that the dental plan's reported rate was invalid because only six months of data were collected for this measure and HEDIS specifications require a full year of reporting.*

BR^ indicates that the dental plan's reported rate was invalid because only three months of data were collected for this measure and HEDIS specifications require a full year of reporting.

As RY 2020 was the first year that the dental plans reported the measures, they were not held to performance targets; therefore, the results presented in Table 3-30 are for information only.

Conclusions and Recommendations Related to Quality, Access, and Timeliness

MMA Program

Overall, nine statewide average rates for the plans fell below the Agency's performance targets, and nine exceeded the performance targets. While opportunities for improvement exist in almost all domains of care, HSAG recommends that improvement efforts be focused on measures where a majority of the plans required to report the measure fell below the Agency's performance targets in RY 2020, as listed below:

Behavioral Health

- *Initiation and Engagement of AOD Abuse or Dependence Treatment—Engagement of AOD Treatment—Total*
- *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total* and *30-Day Follow-Up—Total*
- *Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up—Total* and *30-Day Follow-Up—Total*
- *Follow-Up After ED Visit for AOD Abuse or Dependence—7-Day Follow-Up—Total* and *30-Day Follow-Up—Total*
- *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*

Appropriate Treatment and Utilization

- *Ambulatory Care (per 1,000 Member Months)—ED Visits—Total*

LTC Program

Overall, none of the statewide average rates for the LTC program fell below the Agency's performance targets, and two exceeded the performance targets.

Dental Plans

As RY 2020 was the first year that the dental plans reported the dental measures, the dental plans were not held to performance targets.

Performance Improvement Projects

PIP Validation

For high-level review, each health plan submitted two state-mandated PIPs—*Improving Birth Outcomes* and *Reducing Potentially Preventable Events (PPEs).* For annual validation, each health plan submitted one state-mandated PIP, *Administration of the Transportation Benefit,* and an additional plan-selected clinical PIP focusing on one of these topics: Behavioral Health or Integration of Mental Health Care With Primary Care. The only exceptions were Florida Community Care-L, an LTC Plus plan, and Children's Medical Services-S, a specialty plan. The *Improving Birth Outcomes* PIP was discontinued by Florida Community Care-L and was not initiated by Children's Medical Services-S because the topic was not applicable to the population served by these plans. Additionally, Children's Medical Services-S did not initiate the statewide *Reducing PPEs* PIP; however, the plan submitted *Reducing Asthma Related PPEs for Pediatric Enrollees* PIP for annual validation. Children's Medical Services-S also submitted the *Metabolic Monitoring for Children and Adolescents on Antipsychotics* and *Youth Transitions to Adult Care* PIPs for validation.

For high-level review, each dental plan submitted the *Reducing Potentially Preventable Dental-Related Emergency Department (ED) Visits* PIP. For annual validation, each dental plan submitted two state-mandated PIPs—*Coordination of Transportation Services with the SMMC Plans* and *Preventive Dental Services for Children.*

Plan Names and Enrollment

Some tables in this section included abbreviated names of plans. Full plan names can be found in Appendix A. In addition, plan-specific enrollment should be noted when interpreting results. Appendix B includes enrollment information for all plans.

Domains of Care

Table 4-1 lists all PIPs and their associated plans, and the assigned domains of care (quality, timeliness, and/or access to care).

able 4-1—PIP Topics—Domains of Care

Plan	PIP Name*	Access	Timeliness	Quality
All Plans except Children's Medical Services-S	*Improving Birth Outcomes^*	✓	✓	✓
	Reducing PPEs	✓	✓	✓
All Plans	*Administration of the Transportation Benefit*	✓	✓	
All Dental Plans	*Reducing Potentially Preventable Dental-Related ED Visits*	✓	✓	✓
	Coordination of Transportation Services with the SMMC Plans	✓	✓	
	Preventive Dental Services for Children	✓	✓	✓
Vivida-M; Lighthouse-M; Miami Children's Health-M	*Improving Antidepressant Medication Management*		✓	✓
Children's Medical Services-S	*Metabolic Monitoring for Children and Adolescents on Antipsychotics*		✓	✓
	Youth Transitions to Adult Care	✓	✓	✓
	Reducing Asthma Related PPEs for Pediatric Members	✓	✓	✓
Florida Community Care-L; Community Care Plan-M; Staywell-C	*Integrating Primary Care and Behavioral Health*	✓		✓
Prestige-M	*Adherence to Antipsychotic Medications for Individuals with Schizophrenia*		✓	✓
Magellan-S	*Youth Intervention Psychotropic Program*		✓	✓
Aetna Better Health-C; Humana-C; Molina-C; Sunshine-C; United-C	*Follow-Up After Hospitalization for Mental Illness*	✓	✓	✓
Simply-C	*Behavioral Health Screenings by a PCP*	✓	✓	✓

*All PIPs (including both validated and high-level review PIPs) are listed in this table.
^This PIP topic was discontinued by Florida Community Care-L because the PIP topic was not applicable to the LTC Plus population served by the plan.

Validation Status

HSAG validated the submitted PIPs as required by the EQRO contract. The outcome of the validation process was an overall validation status finding for each PIP of *Met*, *Partially Met*, or *Not Met*. To determine the overall validation status for each PIP, HSAG evaluated the PIP on a set of standard evaluation elements that align with the three PIP stages—Design, Implementation, and Outcomes—and the steps in CMS' *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.[4-1] HSAG designated some evaluation elements as critical because of their importance in defining a project as valid and reliable.

All PIPs validated for SFY 2019–2020 had progressed to reporting either the Design stage (Steps I–VI) or Implementation stage (Steps I–VIII). Remeasurement data were not reported in this year's submissions; therefore, the Outcomes stage (Steps IX and/or X) were not assessed.

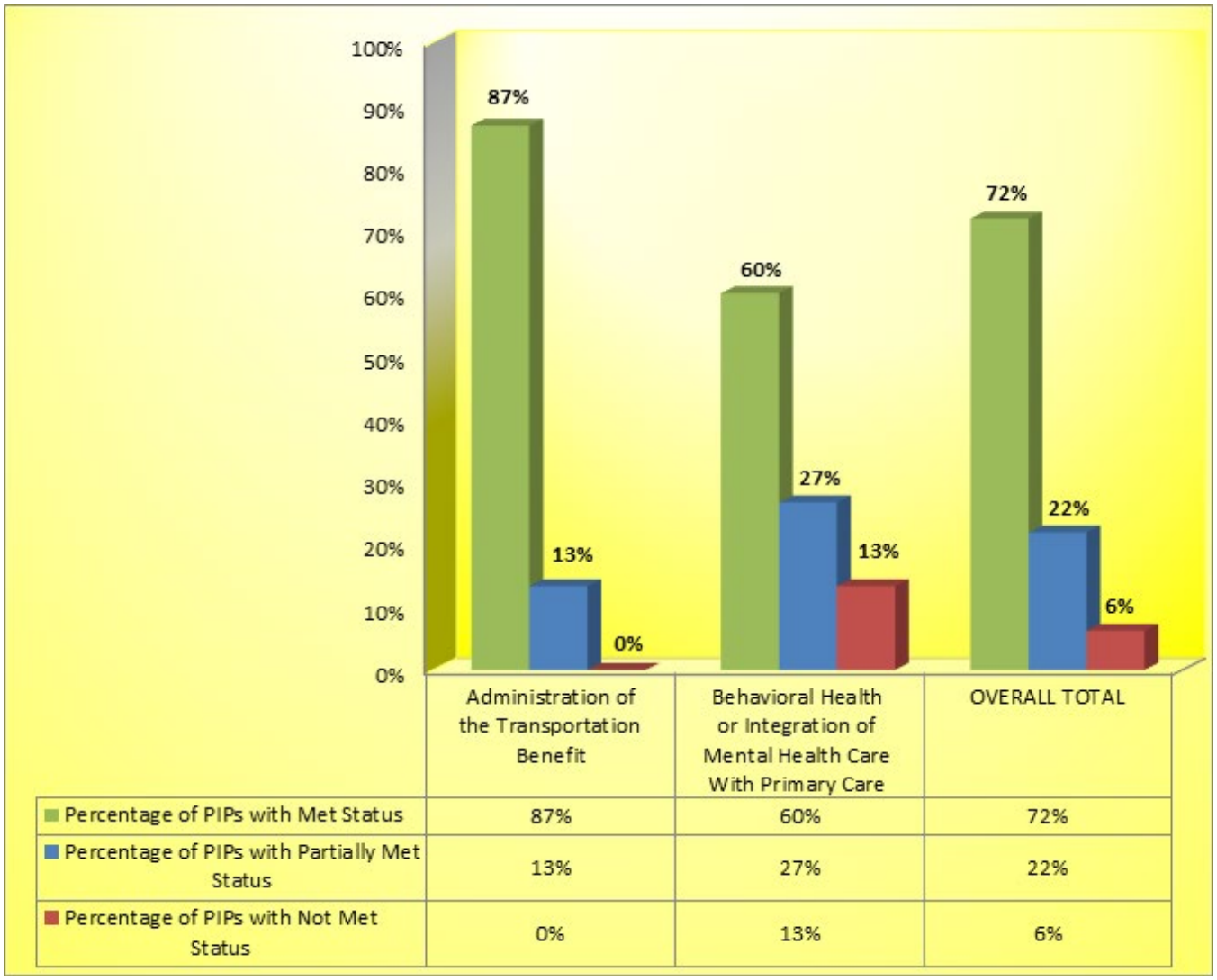
Plan PIP Validation Results

Overall PIP Validation Status

Figure 4-1 displays the percentage of plan PIPs receiving a *Met, Partially Met,* and *Not Met* overall validation status by PIP topic. A total of 15 plans submitted 32 PIPs. The green bars represent the percentage of PIPs with an overall *Met* validation status, the blue bars represent the percentage of PIPs with a *Partially Met* validation status, and the red bars represent the percentage of PIPs with a *Not Met* validation status.

[4-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/eqr-protocol-1.pdf. Accessed on: June 24, 2020.

Figure 4-1—Validation Status of Plan PIPs by PIP Topic



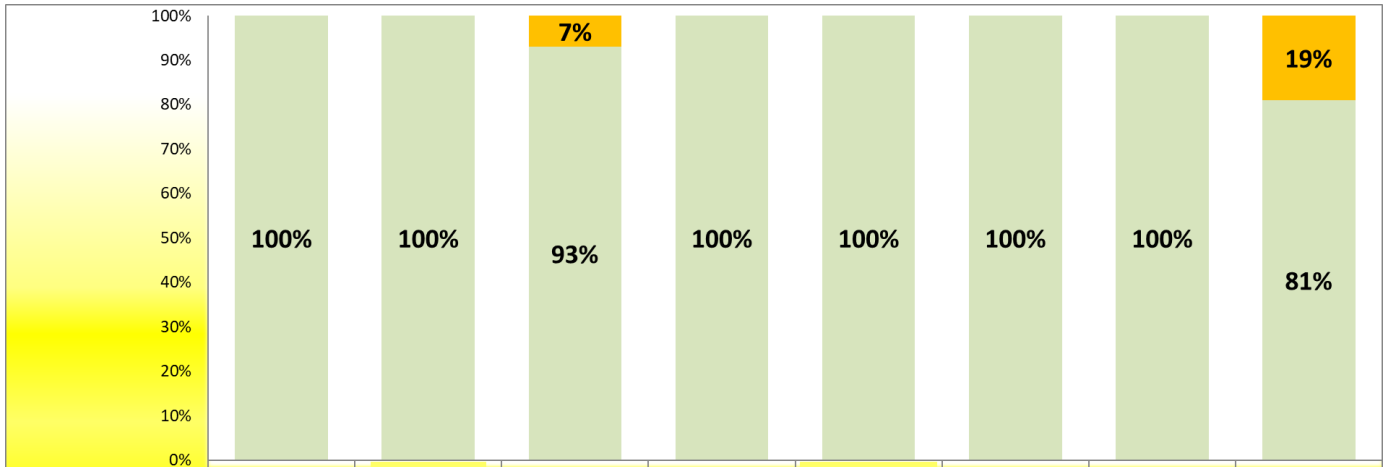
	Administration of the Transportation Benefit	Behavioral Health or Integration of Mental Health Care With Primary Care	OVERALL TOTAL
Percentage of PIPs with Met Status	87%	60%	72%
Percentage of PIPs with Partially Met Status	13%	27%	22%
Percentage of PIPs with Not Met Status	0%	13%	6%

Seventy-two percent (23/32) of PIPs received an overall *Met* validation status, indicating improved performance over last year's validation where 50 percent of the PIPs received a *Met* validation status. In addition to the transportation and the behavioral health PIPs, the two additional PIPs initiated by Children's Medical Services-S were included in the Overall Total score. The performance was better for the *Administration of the Transportation Benefit* PIP by 27 percentage points. The section below describes the overall performance of the plans for both PIPs on each step of the PIP Validation Tool.

Overall Performance on Each Step of the PIP Validation Tool

Figure 4-2 and Figure 4-3 displays the percentage of evaluation elements achieving a *Met*, *Partially Met*, and *Not Met* validation score on each step of the PIP Validation Tool for the *Administration of the Transportation Benefit* PIP and for *Behavioral Health or Integration of Mental Health Care With Primary Care* PIP, respectively. Percentage totals may not equal 100 due to rounding.

Figure 4-2—Overall Performance on Each Step of the PIP Validation Tool for the *Administration of the Transportation Benefit* PIP

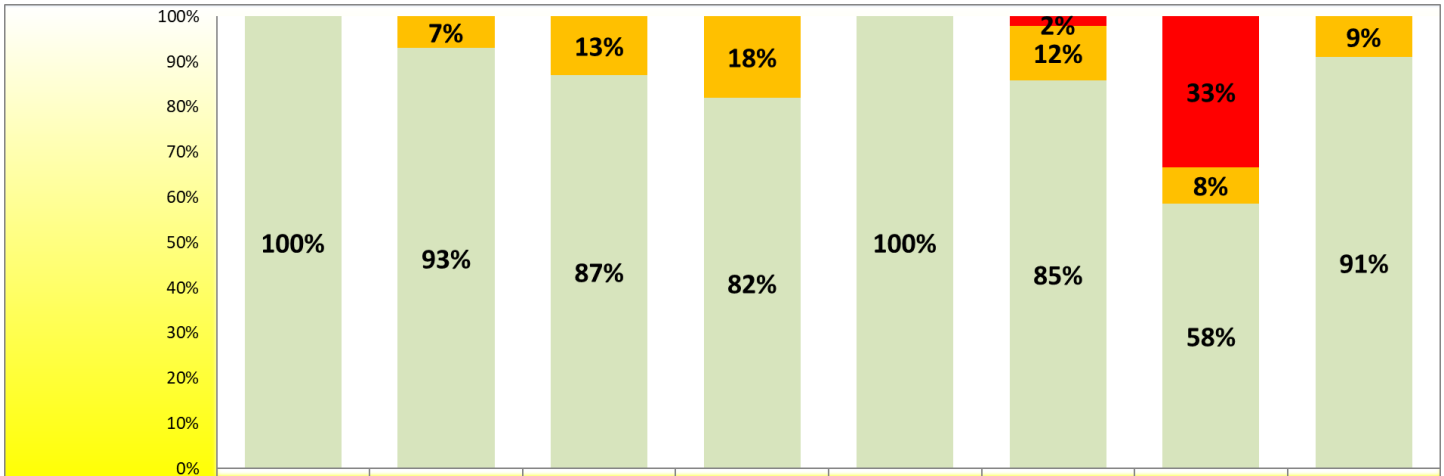


	I. Appropriate Study Topic	II. Clearly Defined, Answerable Study Question	III. Correctly Identified Study Population	IV. Clearly Defined Study Indicator	V. Valid Sampling Techniques (if sampling was used)	VI. Accurate, Complete Data Collection	VII. Sufficient Data Analysis and Interpretation	VIII. Appropriate Improvement Strategies
Not Met	0%	0%	0%	0%	0%	0%	0%	0%
Partially Met	0%	0%	7%	0%	0%	0%	0%	19%
Met	100%	100%	93%	100%	100%	100%	100%	81%
Plans Evaluated	15	15	15	15	15	15	3	8

For the *Administration of the Transportation Benefit* PIP, all 15 plans were evaluated for the Design stage (Steps I–VI), three plans reported complete baseline data and were assessed for Step VII, and eight plans documented improvement strategies in Step VIII.

The plans performed well on Steps I–VII. The performance demonstrates that the plans followed the Agency-defined specifications and provided accurate documentation. Most opportunities for improvement were noted in Step VIII (Appropriate Improvement Strategies) and were related to the documentation of barriers and interventions, and the prioritization of identified barriers.

Figure 4-3—Overall Performance on Each Step of the PIP Validation Tool for the *Behavioral Health or Integration of Mental Health Care With Primary Care* PIP



	I. Appropriate Study Topic	II. Clearly Defined, Answerable Study Question	III. Correctly Identified Study Population	IV. Clearly Defined Study Indicator	V. Valid Sampling Techniques (if sampling was used)	VI. Accurate, Complete Data Collection	VII. Sufficient Data Analysis and Interpretation	VIII. Appropriate Improvement Strategies
Not Met	0%	0%	0%	0%	0%	2%	33%	0%
Partially Met	0%	7%	13%	18%	0%	12%	8%	9%
Met	100%	93%	87%	82%	100%	85%	58%	91%
Plans Evaluated	15	15	15	15	15	15	4	7

For the *Behavioral Health or Integration of Mental Health Care With Primary Care* PIP, all 15 plans were evaluated for the Design stage (Steps I–VI), four plans reported complete baseline data and were assessed for Step VII, and seven plans documented improvement strategies and interventions in Step VIII.

All plans selected the study topic based on data. Most plans performed well with the documentation requirements for the Design stage and improvement strategies. The opportunities for improvement that were identified were related to the documentation of the study question, study population, study indicator, narrative interpretation of data, and identification and prioritization of barriers and interventions.

Plan-Specific Results

Table 4-2 depicts the plan-specific validation results for the plan PIPs. For SFY 2019–2020, of the 15 plans, 13 plans received an overall *Met* validation status for the *Administration of the Transportation Benefit* PIP, and nine plans received an overall *Met* validation status for the *Behavioral Health or Integration of Mental Health Care With Primary Care* PIP.

Table 4-2—Plan-Specific PIP Validation Results

Plan Name	PIP Name	Validation Status	Percentage Score of Critical Elements Met	Percentage Score of Evaluation Elements Met
Aetna Better Health-C	*Administration of the Transportation Benefit*	Met	100%	100%
	Improving Timeliness of Follow-Up Care After Hospitalization for Mental Illness	Met	100%	100%
Children's Medical Services-S	*Administration of the Transportation Benefit*	Met	100%	100%
	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Partially Met	86%	83%
	Youth Transitions to Adult Care	Partially Met	71%	85%
	Reducing Asthma Related PPEs for Pediatric Members	Met	100%	92%
Community Care Plan-M	*Administration of the Transportation Benefit*	Met	100%	100%
	Integrating Primary Care and Behavioral Health	Not Met	71%	57%
Florida Community Care-L	*Administration of the Transportation Benefit*	Partially Met	86%	83%
	Integrating Primary Care and Behavioral Health	Not Met	63%	69%
Humana-C	*Administration of the Transportation Benefit*	Met	100%	100%
	Follow-Up From a Mental Health or Intent for Self-Harm Admission 30 and 7 Days	Partially Met	63%	75%
Lighthouse-M	*Administration of the Transportation Benefit*	Met	100%	100%
	Improving Antidepressant Medication Management	Met	100%	100%

Plan Name	PIP Name	Validation Status	Percentage Score of Critical Elements Met	Percentage Score of Evaluation Elements Met
Magellan-S	*Administration of the Transportation Benefit*	Met	100%	100%
	Youth Intervention Psychotropic Program	Met	100%	100%
Miami Children's Health-M	*Administration of the Transportation Benefit*	Met	100%	100%
	Improving Antidepressant Medication Management	Met	100%	100%
Molina-C	*Administration of the Transportation Benefit*	Met	100%	100%
	Follow-Up After Hospitalization for Mental Illness	Met	100%	100%
Prestige-M	*Administration of the Transportation Benefit*	Partially Met	63%	67%
	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Partially Met	75%	67%
Simply-C	*Administration of the Transportation Benefit*	Met	100%	100%
	Behavioral Health Screenings by a PCP	Met	100%	100%
Staywell-C	*Administration of the Transportation Benefit*	Met	100%	91%
	Improving Behavioral Health and Primary Care Integration	Partially Met	71%	75%
Sunshine-C	*Administration of the Transportation Benefit*	Met	100%	100%
	Follow-Up After Hospitalization for Mental Illness	Met	100%	100%
United-C	*Administration of the Transportation Benefit*	Met	100%	100%
	Follow-Up After Hospitalization for Mental Illness	Met	100%	100%
Vivida-M	*Administration of the Transportation Benefit*	Met	100%	100%
	Improving Antidepressant Medication Management	Met	100%	100%

Plan PIP Study Indicator Results

For SFY 2019–2020, most plans did not have finalized baseline rates for the study indicator(s).

For the *Administration of the Transportation Benefit* PIP, only three plans (Humana-C, Prestige-M, and Sunshine-C) reported finalized CY 2018 data as the baseline. Six plans reported interim CY 2019 data, and the remaining six plans did not report data. The study indicator rates (including interim rates), as reported by the plans, can be accessed in Appendix H. SFY 2019–2020 Study Indicator Baseline Rates for the *Administration of the Transportation Benefit* PIP.

For the *Behavioral Health or Integration of Mental Health Care With Primary Care* PIP, five plans (Aetna Better Health-C, Prestige-M, Staywell-C, Sunshine-C, and United-C) reported finalized CY 2018 data as the baseline. Four plans reported interim CY 2019 data as the baseline, and the remaining six plans did not report data. The study indicator rates (including interim rates), as reported by the plans, can be accessed in Appendix I. SFY 2019–2020 Study Indicator Baseline Rates for the *Behavioral Health or Integration of Mental Health Care With Primary Care* PIP.

The results from Remeasurement 1 will be validated and assessed for statistically significant improvement in the study indicator outcomes or achievement of clinically or programmatically significant improvement and will be included in the next annual SFY 2020–2021 EQR report.

Plan Improvement Strategies

A plan's success in achieving statistically significant improvement in study indicator outcomes is strongly influenced by the improvement strategies and interventions implemented during the PIP. As part of the PIP validation process, HSAG reviewed the interventions employed by the plans. The effectiveness of these interventions will be determined in future validations once the PIPs have progressed to reporting remeasurement data and the plans have provided the intervention evaluation results.

Table 4-3 displays the interventions as documented by the plans for the *Administration of the Transportation Benefit* PIP, and Table 4-4 displays the interventions for the *Behavioral Health or Integration of Mental Health Care With Primary Care* PIP.

Table 4-3—Interventions Implemented/Planned for the *Administration of the Transportation Benefit* PIP

Plan Name	Interventions Implemented/Planned
Aetna Better Health-C	Not Reported (NR)*
Children's Medical Services-S	• New tracking software to track performance of the vendors • Corrective action plans for providers (transportation vendors) not meeting targets
Community Care Plan-M	NR

Plan Name	Interventions Implemented/Planned
Florida Community Care-L	• Evaluated and initiated PIP, capitation on trip volume, and termination of providers (transportation vendors) not meeting targets
Humana-C	• Targeted on-site visits with adult day care centers that have the highest volume of LTC membership, provide their own transportation, and do not meet the 90 percent threshold
Lighthouse-M	NR
Magellan-S	NR
Miami Children's Health-M	NR
Molina-C	• Transportation vendor provides coaching on protocols to the employees who do not abide by the Transportation Manual • Provide enrollee education during transportation appointments scheduled by Molina-C representatives. (i.e., educating average wait time on return ride home) • Transportation vendor will flag provider and reduce future trips and services until improvement made
Prestige-M	• Evaluated and initiated PIP, capitation on trip volume, and termination of providers (transportation vendors) not meeting targets
Simply-C	• Identify and engage enrollees with previous no-shows to scheduled transportation appointments
Staywell-C	• Implemented a new tracking software to track performance of the vendors • Implemented corrective action plans for providers (transportation vendors) not meeting targets
Sunshine-C	• Enrollee Advocate Escalation Unit will handle real-time enrollee transportation complaints and provide additional collaboration with LogistiCare (vendor) • Use the Secret Shopper program as a random check on courtesy and completeness of the vendor's agents' call interactions with enrollees • Conduct an "After-Ride" enrollee satisfaction survey • Conduct provider education materials and training • Provide enrollee education materials • Provide transportation benefit training for Sunshine-C staff members
United-C	NR
Vivida-M	NR

* In Florida, the plans do not resubmit PIPs. The plans with NR will provide this information in the next annual submission.

Table 4-4—Interventions Implemented/ Planned for the *Behavioral Health or Integration of Mental Health Care With Primary Care* PIP

Plan Name	PIP Name	Interventions Implemented/ Planned
Aetna Better Health-C	*Follow-Up After Hospitalization for Mental Illness*	NR
Children's Medical Services-S	*Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)*	• Patient care advocates will educate enrollees and assist them in getting lab tests completed • Quality practice advisors (QPAs) will educate primary care providers to request the lab tests; QPAs will also provide a flyer for this measure in the Provider Tool Kit • Added a dedicated behavioral health (BH) QPA to work with its BH providers • QI coordinators will call enrollees without appointments to encourage them to select a primary care practitioner (PCP) and schedule their annual wellness appointment • QI patient care advocates and QPAs will educate enrollees about the transportation program • QI team will work with the transportation vendor to make sure that services are fulfilled on time and complaints are addressed
Community Care Plan-M	*Integrating Primary Care and Behavioral Health*	NR
Florida Community Care-L	*Integrating Primary Care and Behavioral Health*	• Identification of non-duals with serious mental illness (SMI) diagnosis via panel roster • Case manager will determine if PCP and BH provider with protected health information consents to ensure exchange of information • Documentation of referral to PCP/BH
Humana-C	*Follow-Up After Hospitalization for Mental Illness*	• Implement telemedicine • Allow enrollee to receive follow-up services in his or her own home • Create a gap report monthly for the provider to make an additional enrollee outreach and/or determine if the visit was made to a PCP or gynecologist
Lighthouse-M	*Improving Antidepressant Medication Management*	NR

Plan Name	PIP Name	Interventions Implemented/ Planned
Magellan-S	*Youth Intervention Psychotropic Program*	NR
Miami Children's Health-M	*Improving Antidepressant Medication Management*	NR
Molina-C	*Follow-Up After Hospitalization for Mental Illness*	• Use internal tools to capture missing enrollee phone numbers and addresses • Enrollee outreach to educate and schedule appointment before seven and 30 days • The discharge planner will educate high-utilizing hospitals on proper discharge planning to include a scheduled appointment • Conduct reminder calls prior to appointment date
Prestige-M	*Adherence to Antipsychotic Medications for Individuals With Schizophrenia*	• Perform pharmacy intervention with enrollees and providers; this includes medication reconciliation, medication adherence training, and medication adherence monitoring • Deploy a case management intervention with OptumHealth partner
Simply-C	*Behavioral Health Screenings by a PCP*	• Use a one-page cheat sheet for plan providers (laminated card)
Staywell-C	*Integrating Primary Care and Behavioral Health*	• Implement pharmacy utilization review system enhancements • Initiate a controlled substance utilization management program to improve quality and safety of care by limiting over-utilizing enrollees of controlled substance medications to a single pharmacy and prescription • Conduct a targeted medication review • Implement Care Central and Population Health Management software system for care management
Sunshine-C	*Follow-Up After Hospitalization for Mental Illness*	• Jackson Memorial pilot for care coordination following a BH hospital admission • Value-Based Purchasing Program • Telehealth
United-C	*Follow-Up After Hospitalization for Mental Illness*	NR
Vivida-M	*Improving Antidepressant Medication Management*	NR

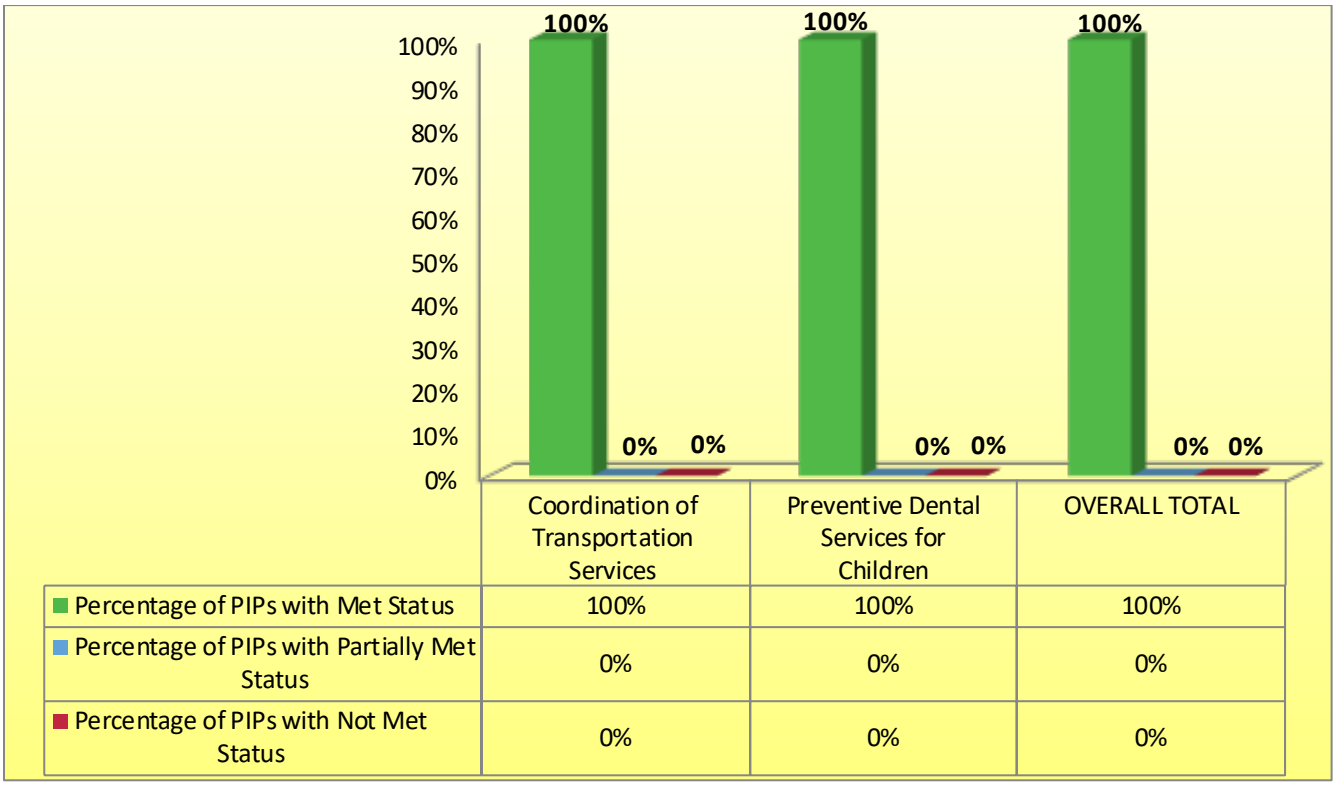
Dental Plans PIP Validation Results

A total of three dental plans submitted six PIPs for validation. Each dental plan submitted the state-mandated *Coordination of Transportation Services* PIP and *Preventive Dental Services for Children* PIP.

Overall Validation Status

Figure 4-4 displays the percentage of dental plan PIPs receiving a *Met, Partially Met,* and *Not Met* overall validation status by PIP topic.

Figure 4-4—Overall Validation Status of Dental Plans PIPs by PIP Topic



	Coordination of Transportation Services	Preventive Dental Services for Children	OVERALL TOTAL
Percentage of PIPs with Met Status	100%	100%	100%
Percentage of PIPs with Partially Met Status	0%	0%	0%
Percentage of PIPs with Not Met Status	0%	0%	0%

All six dental PIPs (100 percent) received an overall *Met* validation status, indicating improved performance over last year's validation where 50 percent of the PIPs received a *Met* validation status. The plans addressed HSAG's feedback and corrected the deficiencies that were identified in the SFY 2018–2019 validation.

Dental Plan-Specific Results

Table 4-5 depicts and compares the dental plan-specific SFY 2019–2020 PIP validation results for the dental PIPs.

Table 4-5—Dental Plan-Specific PIP Validation Results

Dental Plan Name	PIP Name	Validation Status	Percentage Score of Critical Elements Met	Percentage Score of Evaluation Elements Met
DentaQuest	*Coordination of Transportation Services*	Met	100%	100%
	Preventive Dental Services for Children	Met	100%	100%
Liberty	*Coordination of Transportation Services*	Met	100%	100%
	Preventive Dental Services for Children	Met	100%	100%
MCNA	*Coordination of Transportation Services*	Met	100%	100%
	Preventive Dental Services for Children	Met	100%	100%

For SFY 2019–2020, all three dental plans received an overall *Met* validation status for both the PIPs and met 100 percent of the evaluation elements in the PIP Validation Tool.

Dental Plan PIP Study Indicator Results

For SFY 2019–2020, the dental plans did not have finalized baseline rates for the study indicator(s). The study indicator rates (including interim rates) as reported by the dental plans for both PIPs can be accessed in Appendix J. SFY 2019–2020 Study Indicator Baseline Rates for dental PIPs.

The results from Remeasurement 1 will be validated and assessed for statistically significant improvement in the study indicator outcomes or achievement of clinically or programmatically significant improvement and will be included in the next annual SFY 2020–2021 EQR report.

Dental Plan Improvement Strategies

Table 4-6 displays the interventions as documented by the dental plans for the *Preventive Dental Services for Children* PIP, and Table 4-7 displays the interventions for the *Coordination of Transportation Services* PIP. The effectiveness of these interventions will be determined in future validations once the PIPs have progressed to reporting remeasurement data and the dental plans have provided the intervention evaluation results.

Table 4-6—Interventions Implemented/Planned for the *Preventive Dental Services for Children* PIP

Dental Plan Name	Interventions Implemented/Planned
DentaQuest	• Healthy Behavior Program to encourage enrollees to receive preventive treatment; also offering a $20 Walmart gift card to enrollees receiving preventive dental care within 180 days of enrollment • Created and distributed an informational sheet on DentaQuest contact information to dental plan liaisons
Liberty	• 1st Tooth, 1st Birthday campaign, which includes outreach to parents/guardians and providers to promote awareness of the American Academy of Pediatric Dentistry's (AAPD's) recommendation to "Get it Done in Year One" • Enrollee incentive programs to motivate enrollees to seek preventive dental care • A tiered payment incentive for primary dental providers • Pilot a Florida-based "Early Smiles" program in lowest-utilizing regions that allows the dental plan to provide preventive dental services and helps to navigate children to a dental home through school-based partnerships and use of mobile dentistry outreach, education, and treatment in collaboration with county school districts and the Florida Department of Education
MCNA	• Member service representatives (MSRs) offer assistance with scheduling an appointment when an alert is triggered in the DentalTrac™ system during inbound calls that indicates the enrollee is overdue for a preventive dental visit • Send text messages once a month to enrollees who have no claims history on file for preventive services • Generate a Quarterly Provider Profiling Report that shows providers how they are performing against their peers • Provide monthly enrollee rosters of children who have not received a preventive dental service in the current reporting year to primary care dentists/dental homes • Target provider relations outreach to dentists who, based on dental record review, have not completed the AAPD's preventive care requirements

Table 4-7—Interventions for the *Coordination of Transportation Services* PIP

Dental Plan Name	Interventions Implemented/Planned
DentaQuest	• Tracking and reporting enrollee transportation requests • Created and distributed an informational sheet on DentaQuest contact information to dental plan liaisons
Liberty	• Quarterly or semiannual operations meeting with health plans to share findings from the dental plan's review of complaints and survey data about its enrollees accessing transportation • Enter into memoranda of understanding with health plans to enable exchange of data • Include information in enrollee handbook, provider reference guide, Liberty website, and any newsletters • Robo call to non-utilizing enrollees to inform them of transportation availability • Liberty customer service representative (CSR) to act as liaison to coordinate with, or on behalf of, enrollee with transportation vendor directly • Develop internal training deck for CSR and other applicable staff members that outlines benefits and process • Develop provider training and guide on who is eligible, the process, and how to access/coordinate with a dental plan case manager • Ensure transportation services are offered in appropriate languages, information about the availability and how to access are sent in appropriate languages, and providers/enrollees know how to access interpretation/translation services
MCNA	• Inbound education and assistance—MSRs and case management educate and assist enrollees with scheduling transportation to their dental appointments through inbound calls • Provider portal banner—eligibility screen in the provider portal that reminds providers that enrollees can receive transportation assistance • Enrollee newsletter—include an article regarding transportation as a covered benefit for dental appointments • Enrollee portal alerts—enrollees will be notified that transportation is a covered benefit for dental appointments

High-Level Review

During SFY 2019–2020, the health plans submitted two PIPs and the dental plans submitted one PIP to HSAG for a high-level review. A high-level review consists of reviewing the PIP documentation for alignment with the Agency-defined specifications, assessing the accuracy of data, assessing compliance with the documentation requirements, and assessing the quality of improvement strategies and interventions deployed by the plan. HSAG provided written feedback directly into the PIP Submission Form and did not produce a validation tool. It is the Agency's expectation that the plans address HSAG's feedback prior to the next annual submission.

The high-level review PIP topics included the state-mandated topics focused on *Improving Birth Outcomes*, *Reducing PPEs*, and *Reducing Potentially Preventable Dental-Related ED Visits*.

The focus of the *Improving Birth Outcomes* PIP is to reduce primary caesarean sections, preterm birth rates, and rates of NAS. The *Reducing PPEs* PIP focuses on reducing potentially preventable admissions (PPAs), readmissions (PPRs), and ED visits (PPVs). The methodologies for these PIPs were defined by the Agency. The *Reducing Potentially Preventable Dental-Related ED Visits* PIP focuses on reducing preventable dental-related ED visits. The Agency will be collecting and providing the data for these PIPs to the plans.

The Agency provided statewide baseline rates by region and population served for each high-level review PIP to the plans. The study indicator rates as reported in the PIP submissions can be accessed in the following appendices.

- Appendix F. SFY 2019–2020 Study Indicator Baseline Rates by Region and Population Served for the *Improving Birth Outcomes* PIP
- Appendix G. SFY 2019–2020 Study Indicator Baseline Rates by Region and Population Served for the *Reducing PPEs* PIP
- Appendix J. SFY 2019–2020 Study Indicator Baseline Rates for Dental PIPs (see Table J-3)

In the SFY 2020–2021 annual EQR report, the plans will be assessed for achievement of contractually mandated goals after finalized Remeasurement 1 data are reported.

Strength, Opportunities for Improvement, and Recommendations

Based on the validation results across all PIPs, HSAG made observations about the design and implementation of the PIPs during the baseline measurement period. Table 4-8 lists the identified overall strengths, opportunities for improvement, and recommendations for the plans.

Table 4-8—Overall PIP Strengths, Opportunities for Improvement, and Recommendations

Overall Strengths	• For the *Administration of the Transportation Benefit* PIP, 13 of the 15 plans (87 percent) were compliant for all critical evaluation elements. • All 15 (100 percent) plan-selected PIP topics were supported by data. • All 15 plans (100 percent) defined the study indicators and documented the data collection methodology accurately for the *Administration of the Transportation Benefit* PIP. • 12 of the 15 plans (80 percent) were compliant for defining the study indicators and 14 plans (93 percent) reported a clearly defined and systematic process for collecting data for the *Behavioral Health or Integration of Mental Health Care With Primary Care* PIP. • Of the eight plans that reported improvement strategies for the *Administration of the Transportation Benefit* PIP, seven (88 percent) documented an accurate causal barrier analysis process and six (75 percent) implemented interventions that were logically linked to the identified barriers. • Of the seven plans that reported the improvement strategies for the *Behavioral Health or Integration of Mental Health Care With Primary Care* PIP, all seven (100 percent) documented an accurate causal barrier analysis process and five (71 percent) implemented interventions that were logically linked to the identified barriers. • All three (100 percent) dental plans received an overall *Met* validation status for both PIPs and met 100 percent of the evaluation elements in the PIP Validation Tool.
Opportunities for Improvement	• Nine of the 15 plans (60 percent) were compliant for all critical evaluation elements for the *Behavioral Health or Integration of Mental Health Care With Primary Care* PIP. • Not all plans reported the baseline measurement period and data as directed by the Agency. • For both plan PIP topics, there were opportunities for improvement in Step VIII (Appropriate Improvement Strategies) related to the documentation of barriers and interventions and the prioritization of the barriers. • For the *Behavioral Health or Integration of Mental Health Care With Primary Care* PIP, there were opportunities for improvement related to the documentation of the study population, study indicator, and data collection and analysis. • Plans continue to implement and use passive interventions such as mailings, robotic automated calls, and the use of plan and provider portals.

Recommendations	• Plans must follow the Agency's direction regarding the measurement periods and report the data in accordance with Agency-defined specifications. • Plans must address all documentation requirements outlined in the PIP Completion Instructions for each completed step of the PIP process. • Plans must use active, innovative improvement strategies and interventions that have the potential to directly impact study indicator outcomes for each PIP. The interventions tested should not address only barriers toward study indicator data collection, but also address barriers toward delivery and access to care. • In addition to other stakeholders, the plans should also consider seeking enrollee input during the identification of barriers, in order to better understand enrollee-related barriers toward access to care. • Plans should use quality improvement science tools and processes such as process mapping, failure modes effects analysis, and Plan-Do-Study-Act (PDSA) cycles as part of their improvement strategies. • The plans must have a process in place for evaluating the performance of each intervention and its impact on the study indicators. This allows for continual refinement of improvement strategies and determines the effectiveness of the intervention. Intervention-specific evaluation results should guide next steps for each individual intervention. • The Agency must continue to communicate with the plans and HSAG regarding the state-mandated PIP requirements and any changes made to the Agency-defined specifications.

Overall Assessment of Progress in Meeting EQRO Recommendations

Introduction

During previous years, HSAG made recommendations in the annual reports for each of the activities that were conducted. Table 5-1 is a summary of the follow-up actions per activity that the Agency completed in response to HSAG's recommendations during SFY 2018–2019.

Table 5-1—HSAG Recommendations With Agency Actions

HSAG Recommendation	Agency Action
Performance Improvement Projects	
The Agency must continue to communicate with the plans and HSAG regarding the state-mandated PIP requirements and any changes made to the Agency-defined specifications.	The Agency ensured that HSAG and the health plans were aware of any changes made to PIP submissions and requirements.
The Agency should consider mandatory technical assistance for plans that are noncompliant with PIP design and documentation to ensure the PIPs have the best opportunity to bring about population-based improvement efforts as part of the Agency's overall quality strategy to improve health care delivery and outcomes for Medicaid enrollees.	The Agency has provided technical assistance through the use of resubmission requests. These requests are sent to plans that have not provided sufficient detail on interventions or interim evaluation on the success of the intervention.
The Agency should continue to offer and facilitate training and support opportunities to enhance the plans' capacity to implement robust QI processes and strategies for their PIPs. Increasing the plans' efficacy with QI tools such as PDSA cycles, especially related to evaluating and refining interventions, should help remove barriers to effectively evaluating improvement strategies and successfully achieving improvement in the PIP study indicators.	The Agency encourages the use of QI tools in resubmission requests. This information allows for better insight in the development of the interventions.
The Agency should continue to explore and identify innovative interventions and share intervention examples with the plans. Sharing potentially promising strategies with the plans may help facilitate improvement in individual PIPs and in statewide efforts.	The Agency redesigned the *Behavioral Health* PIP to be more collaborative. In doing so, plans were encouraged to implement evidence-based interventions such as increase the use of the encounter notification system and discharge planning protocols.

HSAG Recommendation	Agency Action
The Agency should encourage the plans to have a methodologically robust process in place for evaluating the effectiveness of each intervention and its impact on the study indicators and should use intervention-specific evaluation results to guide next steps of each intervention.	The Agency uses the resubmission requests as a means of extracting more meaningful information regarding plan interventions.
Performance Measure Validation	
LTC Program: Based on a review of the FARs, HSAG found that all the plans' audits for the LTC program were conducted based on NCQA HEDIS Compliance Audit policies and procedures. As such, findings pertaining to the different data systems and process used to calculate and report the Agency-defined performance measures, including the case management system, were not included in the reports. Since some of the measures rely on data that are collected outside the usual data systems included in a typical NCQA HEDIS Compliance Audit, HSAG recommends that the Agency require the FARs to include a brief description of the data systems and a brief summary of the activities conducted by the plans in response to the findings from the previous year's audit used for calculating the Agency-defined measures.	The Agency is redefining the plan instructions within the Medicaid Managed Care Plan Report Guide (Report Guide) to ensure that plans are fulfilling all aspects of their FARs. The Agency will include this recommendation to the FAR instruction updates in the Report Guide.
Improvement efforts should be focused on measures with RY 2018 rates falling below the Agency's performance targets by at least 10 percentage points, as listed below. 1. **Pediatric Care—***Lead Screening in Children, Immunizations for Adolescents—Combination 1,* and *Annual Dental Visits—Total* 2. **Living With Illness—***Medication Management for Patients on Persistent Medications—Medication Compliance 75%—Total*. 3. **Access/Availability of Care—***Adults' Access to Preventive/Ambulatory Health Services—Total*	The Agency is considering several new methodologies for targeted monitoring of the measures. These monitoring methods are undergoing internal review.
Review of Compliance[5-1]	
No recommendations at this time.	
Validation of Encounter Data (EDV)	
Develop a standardized process to track and identify the final adjudication record of an encounter, since it appears that there is an issue in identifying the final adjudication of resubmitted denied encounters.	In 2019, the Agency implemented and currently uses a standardized process to track and identify final adjudications of encounters.

[5-1] The Compliance activity was not conducted in 2018–2019.

EQRO Recommendation Progress

HSAG Recommendation	Agency Action
Work with its Medicaid Management Information System (MMIS) data vendor to continue efforts to develop an algorithm that is in alignment with assigning internal control numbers (ICNs) according to the type of encounter transaction and how the encounter was received.	The Agency currently works with an MMIS data vendor in ongoing efforts to address this recommendation.
Consider enhancing current submission requirements to ensure adjusted encounters are submitted appropriately to better identify the final status of records in the Agency's encounter data. By having a standardized process, the Agency can ensure the consistency of data extraction as well as production of analytic data files for use in other units that potentially impact the state's encounter-based reporting. • Since high surplus rates across both encounter types were attributed to apparent duplicate records from the Agency-submitted files (which contained all iterations of rejected claims rather than only the final iteration), the Agency may consider review of standard quality controls to develop a robust process to remove duplicate encounter records.	Agency staff from multiple business units have worked in conjunction with external users of Medicaid data to develop a process to remove duplicate encounter records.
For future EDV studies, the Agency may consider a series of follow-up activities during the study timeline, designed to assist the plans in addressing and resolving encounter data issues identified from the comparative analysis component of the study. The follow-up activities could include: • Distribution of data discrepancy reports to plans identified as having data issues, which include a description of key issues for the plans to review. Samples of encounters highlighting identified issues may also be distributed to further assist the plans in reviewing their results. • Conducting collaborative technical assistance sessions with plans to discuss data issues identified in the study, whereby root causes of discrepancies can be discussed and resolved.	The Agency is currently reviewing and performing compliance monitoring activities with plans in order to address data discrepancies.
Provider Satisfaction Surveys	
Agency-Sponsored Survey The Agency could consider sponsoring the surveys in order to allow providers to compare their satisfaction across plans in one survey instrument. This would allow the Agency to perform comparisons across the plan.	The Agency created an Agency-defined provider satisfaction survey for MMA, LTC, and dental plans.
Survey Mode Instruct the plans to administer the survey using a mixed-mode methodology (i.e., mail with web-based survey option).	The Agency instructed the plans via policy transmittal.
Survey Mode Continue to utilize the web-based survey mode, since there was a higher completion rate for the web surveys versus mail surveys.	The Agency instructed the plans via policy transmittal.

EQRO Recommendation Progress

HSAG Recommendation	Agency Action
Survey Questions Evaluate survey questions with a high distribution of "Positive" responses or missing responses to determine the utility of these questions in the surveys.	Through the pilot testing, the Agency evaluated questions and updated surveys.
Survey Questions Remove or reword instructions to not call out specific staff in the following two questions of the LTC survey: • How satisfied are you with this health plan's case management unit performance in the inclusion of nursing facility staff in care plan development process? • How satisfied are you with this health plan's case management unit performance in the inclusion of provider staff in care plan development process?	The Agency and the EQRO consulted on these questions, and the Agency updated the LTC survey to incorporate the agreed upon changes.
Survey Questions Revise the response categories for question 4 (How many years have you been in this health/dental plan's provider network?) to capture responses over five years in order to obtain a more accurate picture of how long providers have been in the plans' provider networks since over 74 percent of providers indicated they have been with their health or dental plan's provider network for five years or more.	Completed. The Agency and the EQRO consulted on these issues, and the Agency updated all surveys to incorporate the agreed upon changes.
Survey Questions Condense response options and/or monitor responses over time to remove response options that providers are not selecting for the following questions: • Please indicate [your (area/type) of practice/the long-term care services you provide]. • Who is completing this survey? • How satisfied are you with this health plan's case management unit performance in the following areas? (LTC survey only)	Completed. The Agency and the EQRO consulted on these issues, and the Agency updated all surveys to incorporate the agreed upon changes. Over time, as the Agency reviews survey responses, it will determine if some responses can be condensed or removed.

Appendix A. Plan Names/Abbreviations

This list includes shortened names and abbreviations for the plans.

COMPREHENSIVE PLANS

- Coventry Health Care of Florida, Inc. d/b/a Aetna Better Health of Florida, Inc. (*Aetna Better Health-C / COV-C*)
- Humana Medical Plan, Inc. (*Humana-C / HUM-C*)
- Molina Healthcare of Florida, Inc. (*Molina-C / MOL-C*)
- Simply Healthcare Plan, Inc. (*Simply-C / SHP-C*)
- Wellcare of Florida d/b/a Staywell Health Plan of Florida, Inc. (*Staywell-C / STW-C*)
- Sunshine State Health Plan, Inc (*Sunshine-C / SUN-C*)
- United Healthcare of Florida, Inc. (*United-C / URA-C*)

SPECIALTY PLANS

- Children's Medical Services Network - Staywell (Children with Chronic Conditions) (*Children's Medical Services-S / CMS-S*)
- Clear Health Alliance (HIV/AIDS Specialty Plan) (*Clear Health-S / CHA-S*)
- Magellan Complete Care (Serious Mental Illness Specialty Plan) (*Magellan-S / MCC-S*)
- Staywell (Serious Mental Illness Specialty Plan) (*Staywell-S / STW-S*)
- Sunshine State Health Plan, Inc. (Child Welfare Specialty Plan) (*Sunshine-S / SUN-S*)

MANAGED MEDICAL ASSISTANCE (MMA) PLANS

- Best Care Assurance d/b/a Vivida Health (*Vivida-M / BST-M*)
- Florida True Health/Prestige Health Choice (*Prestige-M / PRS-M*)
- Lighthouse Health Plan (*Lighthouse-M / LHT-M*)
- Miami Children's Health Plan (*Miami Children's Health-M / MCH-M*)
- South Florida Community Care Network, d/b/a Community Care Plan (*Community Care Plan-M / NBD-M*)

LONG-TERM CARE PLUS PLAN

- Florida Community Care (*Florida Community Care-L / FCC-L*)

DENTAL PLANS

- DentaQuest of Florida (*DentaQuest / DQT-D*)
- Liberty Dental Plan of Florida (*Liberty / LIB-D*)
- Managed Care of North America (*MCNA / MCA-D*)

Plan Enrollment

Table B-1 displays the Medicaid managed care enrollment for each plan as of June 30, 2020.[B-1]

Table B-1—Plan Enrollment as of June 30, 2020

Plan	Enrollment
Comprehensive Plans	
Aetna Better Health-C	111,840
Humana-C	499,729
Molina-C	99,906
Simply-C	474,132
Staywell-C	806,102
Sunshine-C	525,890
United-C	259,213
MMA Plans	
Vivida-M	14,070
Prestige-M	87,224
Lighthouse-M	35,313
Miami Children's Health-M	24,859
Community Care Plan-M	43,774
Specialty Plans	
Children's Medical Services-S	66,976
Clear Health-S	10,724
Magellan-S	20,941
Staywell-S	101,153
Sunshine-S	37,402
Long-Term Care Plus Plan	
Florida Community Care-L	11,266
Dental Plans	
DentaQuest	1,538,088
Liberty	1,123,639
MCNA	733,884

[B-1] Agency for Health Care Administration. Florida Statewide Medicaid Monthly Enrollment Report. Available at: https://ahca.myflorida.com/medicaid/finance/data_analytics/enrollment_report/index.shtml. Accessed on: Apr 2, 2021.

Appendix C. Performance Measures Methodology/Technical Methods of Data Collection and Analysis

Methodology/Technical Methods of Data Collection and Analysis

HSAG followed two technical methods: one method for the MMA program and one method for the LTC program. For the MMA program, HSAG requested the performance measure report and the FAR generated by the LO for each plan. These documents, which were used and/or generated by the plans and their auditors during the NCQA HEDIS Compliance Audit, were reviewed by HSAG to verify the extent to which critical audit steps were followed during the audit.

MMA Program

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

Table C-1—Key PMV Steps Performed by HSAG for Plans

PMV Step	Associated Activities Performed by HSAG
Pre-On-Site Visit Call/Meeting	HSAG verified that the LOs addressed key 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 Roadmap components.
Software Vendor	If a plan used a software vendor to produce measure rates, HSAG assessed whether the plan contracted with a vendor that achieved NCQA Measure Certification[SM,C-1] for the reported HEDIS measure. Where applicable, the NCQA Measure Certification letter was reviewed to ensure that each measure was under the scope of certification. Otherwise, HSAG examined whether source code review was conducted by the LOs (see next step).
Source Code Review	HSAG ensured that if a software vendor with HEDIS Certified Measures[SM, C-2] was not used, the LOs reviewed the plan's programming language for HEDIS measures. For all non-HEDIS measures, HSAG ensured that the LOs reviewed the plan's programming language. 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).

[C-1] NCQA Measure Certification[SM] is a service mark of the NCQA.
[C-2] HEDIS Certified Measures[SM] is a service mark of the NCQA.

PMV Step	Associated Activities Performed by HSAG
Primary Source Verification	HSAG verified that the LOs conducted appropriate checks to ensure that records used for performance measure reporting match with the primary data source. This step occurs to determine the validity of the source data used to generate the measure rates.
Supplemental Data Validation	If the plan used any supplemental data for reporting, the LO was to validate the supplemental data according to NCQA's guidelines. HSAG verified whether the LO was following the NCQA-required approach while validating the supplemental database.
Convenience Sample Validation	HSAG verified that, as part of the medical record review validation (MRRV) process, the LOs identified whether the plan was required to prepare a convenience sample, and if not, whether specific reasons were documented.
Medical Record Review Validation (MRRV)	HSAG examined whether the LOs performed a re-review of a random sample of medical records based on NCQA MRRV protocol to ensure the reliability and validity of the data collected.
Plan Quality Indicator Data File Review	The plans are required to submit an plan quality indicator data file for the submission of audited rates to the Agency. The file should comply with the Agency-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 plan quality indicator data file.

LTC Program

For the LTC program, HSAG obtained a list of the performance measures specified in the SMMC program contract that were required for validation.

HSAG requested the FAR and performance measure report generated by the auditor for each plan. The performance measure report contained all rates calculated and reported by the plan. According to the Agency's reporting requirements, these rates were also audited by the plan's LO.

HSAG reviewed the FARs and the performance measure reports to verify the extent to which critical audit activities were performed. The review included the following PMV activities for the plans:

- Verify that key audit elements were performed by the plan's LO to ensure the audit was conducted in compliance with NCQA policies and procedures.
- Examine evidence that the auditors completed a thorough review of the Roadmap components associated with calculating and reporting performance measures outlined by the Agency.
- Identify that, regarding plans for which an NCQA HEDIS Compliance Audit was performed, the IS standards (systems, policies, and procedures) applicable for performance measure reporting were reviewed and results were documented by the auditor.

- Evaluate the auditor's description and audit findings regarding data systems and processes associated with performance measure production for plans for which NCQA HEDIS Compliance Audit procedures were not referenced in the FAR.

HSAG also validated the plans' audited rates in the performance measure reports, focusing on the following verification components:

- Compare the audit designation results listed in the FAR to the actual rates reported in the performance measure report to ensure that the designation is appropriately applied.
- Assess the accuracy of the rate calculated based on the denominator and numerator for each measure.
- Evaluate data reasonableness for measures with similar eligible populations.
- Assess the extent to which all data elements are reported according to the requirements listed in the *Report Guide*.

Appendix D. Plan-Specific PIP Validation Results

Table D-1 displays the evaluation elements that were assessed and the performance of the plans on those evaluation elements.

Table D-1—Overall Performance of the Plans on the PIP Validation Tool Evaluation Elements

PIPs	Administration of the Transportation Benefit				Behavioral Health or Integration of Mental Health Care With Primary Care			
Evaluation Elements	**Met**	**Partially Met**	**Not Met**	**NA**	**Met**	**Partially Met**	**Not Met**	**NA**
PIP topic was selected following collection and analysis of data. C*	15	0	0	0	15	0	0	0
PIP has the potential to affect enrollee health, functional status, or satisfaction.	15	0	0	0	15	0	0	0
Study question(s) was stated in simple terms and in the recommended X/Y format. C*	15	0	0	0	14	1	0	0
Study population was accurately and completely defined and captured all enrollees to whom the study question(s) applied. C*	14	1	0	0	13	2	0	0
Study indicator(s) was well-defined, objective, and measured changes in health or functional status, member satisfaction, or valid process alternatives. C*	15	0	0	0	12	3	0	0
The plan included the basis on which the indicator(s) was developed, if internally developed.	0	0	0	15	2	0	0	13
All six evaluation elements related to sampling.	0	0	0	15	0	0	0	15
Clearly defined sources of data and data elements collected for the study indicator(s).	15	0	0	0	13	2	0	0
A clearly defined and systematic process for collecting baseline and remeasurement data for the study indicator(s). C*	15	0	0	0	14	0	1	0

PIPs	Administration of the Transportation Benefit				Behavioral Health or Integration of Mental Health Care With Primary Care			
Evaluation Elements	**Met**	**Partially Met**	**Not Met**	**NA**	**Met**	**Partially Met**	**Not Met**	**NA**
A manual data collection tool that ensured consistent and accurate collection of data according to indicator specifications. C*	0	0	0	15	0	2	0	13
The percentage of administrative data completeness following allowable claims lag and the process used to calculate the percentage.	2	0	0	13	8	1	0	6
The plan included accurate, clear, consistent, and easily understood information in the data table. C*	3	0	0	0	3	0	1	0
Included a narrative interpretation of results that addressed all requirements.	3	0	0	0	2	1	1	0
Addressed factors that threatened the validity of the data reported and ability to compare the initial measurement with the remeasurement.	3	0	0	0	2	0	2	0
A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools. C*	7	1	0	0	7	0	0	0
Barriers that were identified and prioritized based on results of data analysis and/or other quality improvement processes.	5	3	0	0	6	1	0	0
Interventions that were logically linked to identified barriers and have the potential to impact study indicator outcomes. C*	6	2	0	0	5	2	0	0
Interventions that were implemented in a timely manner to allow for impact of study indicator outcomes.	7	1	0	0	7	0	0	0

PIPs	Administration of the Transportation Benefit				Behavioral Health or Integration of Mental Health Care With Primary Care			
Evaluation Elements	Met	Partially Met	Not Met	NA	Met	Partially Met	Not Met	NA
An evaluation of effectiveness for each individual intervention. C*	3	0	0	5	2	0	0	5
Interventions that were continued, revised, or discontinued based on evaluation results.	2	0	0	6	2	0	0	5

C* *denotes a critical evaluation element. HSAG has 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 must receive a Met score. Given the importance of critical elements to the scoring methodology, any critical evaluation element that receives a score of Partially Met or Not Met will result in an overall PIP validation rating of Partially Met or Not Met.*

Table D-2 displays the evaluation elements that were assessed and the performance of the dental plans on those evaluation elements.

Table D-2—Overall Performance of the Dental Plans on the PIP Validation Tool Evaluation Elements

PIPs	Coordination of Transportation Services				Preventive Dental Services for Children			
Evaluation Elements	Met	Partially Met	Not Met	NA	Met	Partially Met	Not Met	NA
PIP topic was selected following collection and analysis of data. C*	3	0	0	0	3	0	0	0
PIP has the potential to affect enrollee health, functional status, or satisfaction.	3	0	0	0	3	0	0	0
Study question(s) was stated in simple terms and in the recommended X/Y format. C*	3	0	0	0	3	0	0	0
Study population was accurately and completely defined and captured all enrollees to whom the study question(s) applied. C*	3	0	0	0	3	0	0	0
Study indicator(s) was well-defined, objective, and measured changes in health or functional status, member satisfaction, or valid process alternatives. C*	3	0	0	0	3	0	0	0
The dental plan included the basis on which the indicator(s) was developed, if internally developed.	0	0	0	3	0	0	0	3

PIPs	Coordination of Transportation Services				Preventive Dental Services for Children			
Evaluation Elements	Met	Partially Met	Not Met	NA	Met	Partially Met	Not Met	NA
All six evaluation elements related to sampling.	0	0	0	3	0	0	0	3
Clearly defined sources of data and data elements collected for the study indicator(s).	3	0	0	0	3	0	0	0
A clearly defined and systematic process for collecting baseline and remeasurement data for the study indicator(s). C*	3	0	0	0	3	0	0	0
A manual data collection tool that ensured consistent and accurate collection of data according to indicator specifications. C*	1	0	0	2	0	0	0	3
The percentage of administrative data completeness following allowable claims lag and the process used to calculate the percentage.	0	0	0	3	3	0	0	0
The dental plan included accurate, clear, consistent, and easily understood information in the data table. C*	0	0	0	0	0	0	0	0
Included a narrative interpretation of results that addressed all requirements.	0	0	0	0	0	0	0	0
Addressed factors that threatened the validity of the data reported and ability to compare the initial measurement with the remeasurement.	0	0	0	0	0	0	0	0
A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools. C*	3	0	0	0	3	0	0	0
Barriers that were identified and prioritized based on results of data analysis and/or other quality improvement processes.	3	0	0	0	3	0	0	0

PIPs	Coordination of Transportation Services				Preventive Dental Services for Children			
Evaluation Elements	**Met**	**Partially Met**	**Not Met**	**NA**	**Met**	**Partially Met**	**Not Met**	**NA**
Interventions that were logically linked to identified barriers and have the potential to impact study indicator outcomes. C*	3	0	0	0	3	0	0	0
Interventions that were implemented in a timely manner to allow for impact of study indicator outcomes.	2	0	0	1	2	0	0	1
An evaluation of effectiveness for each individual intervention. C*	0	0	0	3	1	0	0	2
Interventions that were continued, revised, or discontinued based on evaluation results.	0	0	0	3	1	0	0	2

C* *denotes a critical evaluation element. HSAG has 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 must receive a Met score. Given the importance of critical elements to the scoring methodology, any critical evaluation element that receives a score of Partially Met or Not Met will result in an overall PIP validation rating of Partially Met or Not Met.*

Appendix E. PIP Validation Methodology

In its annual PIP validation, HSAG used the Department of Health and Human Services, CMS publication, CMS' *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.[E-1] HSAG's validation of PIPs includes two key components of the QI process:

1. Evaluation of the technical structure of the PIP. This step ensures that the plans design, conduct, and report PIPs in a methodologically sound manner, meeting all state and federal requirements. HSAG's validation determines whether the PIP design (e.g., study question, population, study indicator(s), sampling techniques, and data collection methodology/processes) is based on sound methodological principles and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.

2. Evaluation of the implementation of the PIP. Once a PIP is designed, its effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, and the identification of barriers and subsequent development of relevant interventions. Through this component, HSAG evaluates how well the plans improve rates through implementation of effective processes (i.e., evaluation of outcomes, barrier analyses, and interventions).

The goal of HSAG's PIP validation is to ensure that the Agency and key stakeholders can have confidence that any reported improvement is related and can reasonably be linked to the QI strategies and activities conducted by the plans during the PIP.

Evaluation of the Implementation of the PIP

HSAG conducts a critical analysis of the plan's processes for identifying barriers and evaluating the effectiveness of interventions. HSAG presents detailed feedback based on the findings of this critical analysis. This type of feedback provides the plan with guidance on how to refine its approach in identifying specific barriers that impede improvement, as well as identifying more appropriate interventions that can overcome these barriers and result in meaningful improvement in the targeted areas. The process also helps to ensure that the PIP is not simply an exercise in documentation, but that the process is fully implemented in a way that can positively affect healthcare delivery and/or outcomes of care.

HSAG uses an outcome-focused scoring methodology to rate a plan's compliance with each of the 10 steps listed in the CMS protocols. With the Agency's input and approval, HSAG developed a PIP

[E-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/eqr-protocol-1.pdf. Accessed on: June 24, 2020.

Validation Tool to ensure uniform assessment of PIPs. This tool is used to evaluate each of the PIPs for the following 10 CMS protocol activities:

- Step I. Select the Study Topic
- Step II. Define the Study Question(s)
- Step III. Use a Representative and Generalizable Study Population
- Step IV. Select the Study Indicator(s)
- Step V. Use Sound Sampling Techniques
- Step VI. Reliably Collect Data
- Step VII. Data Analysis and Interpretation of Results
- Step VIII. Implement Intervention and Improvement Strategies
- Step IX. Real Improvement
- Step X. Sustained Improvement

HSAG's outcome-focused validation methodology places greater emphasis on actual study indicator(s) outcomes. Each evaluation element within a given step will be given a score of *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed* based on the PIP documentation and study indicator outcomes. *Not Applicable* is used for those situations in which the evaluation element does not apply to the PIP. For example, in Step V, if the plan did not use sampling techniques, HSAG would score the evaluation elements in Step V as *Not Applicable*. HSAG uses the *Not Assessed* scoring designation when the PIP has not progressed to a particular step.

In Step IX (real improvement achieved), statistically significant improvement over the baseline must be achieved across all study indicators to receive a *Met* score. For Step X (sustained improvement achieved), HSAG will assess for sustained improvement once each study indicator has achieved statistically significant improvement and a subsequent measurement period of data has been reported.

HSAG's methodology for assessing and documenting PIP findings provides a consistent, structured process and a mechanism for providing the plans with specific feedback and recommendations for the PIP. Using its PIP Validation Tool and standardized scoring, HSAG will report the overall validity and reliability of the findings as one of the following:

Met = high confidence/confidence in the reported findings.
Partially Met = low confidence in the reported findings.
Not Met = reported findings are not credible.

HSAG has designated some of the evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all the critical elements must receive a *Met* score. Given the importance of critical elements to the scoring methodology, any critical element that receives a score of *Not Met* will result in an overall PIP validation rating of *Not Met*. A PIP that accurately documents CMS protocol requirements has high validity and reliability. Validity is the extent to which the data collected for a PIP measure its intent. Reliability is the extent to which an individual can reproduce the study results.

For each completed PIP, HSAG assesses threats to the validity and reliability of PIP findings and determines when a PIP is no longer credible.

HSAG assigns each PIP an overall percentage score for all evaluation elements (including critical elements). HSAG calculates the overall percentage score by dividing the total number of elements scored as *Met* by the sum of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculates 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*. The outcome of these calculations determines the validation status of *Met*, *Partially Met*, and *Not Met*.

.

Appendix F. SFY 2019–2020 Study Indicator Baseline Rates by Region and Population Served for the *Improving Birth Outcomes* PIP

Plan Name	Baseline Measurement Period	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11
Primary C-Section Rate												
Aetna Better Health-C	CY 2016						16.39%	17.10%				26.43%
Community Care Plan-M	CY 2016										19.11%	
Humana-C	CY 2016	16.90%	18.45%	17.67%	17.34%	16.87%	16.39%	17.10%	15.76%	18.00%	19.11%	26.43%
Lighthouse-M	CY 2016	16.90%	18.45%									
Magellan-S	CY 2016				NR	NR		NR				
Miami Children's Health-M	CY 2016									18.00%		
Molina-C	CY 2016								15.76%			26.43%
Prestige-M	CY 2016									18.00%		26.43%
Simply-C	CY 2016					16.87%	16.39%	17.10%			19.11%	26.43%
Clear Health-S	CY 2016	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Staywell-C	CY 2016	16.90%	18.45%	17.67%	17.34%	16.87%	16.39%	17.10%	15.76%	18.00%	19.11%	26.43%
Staywell-S	CY 2016	16.90%	18.45%	17.67%	17.34%	16.87%	16.39%	17.10%	15.76%	18.00%	19.11%	26.43%
Sunshine-C	CY 2016	16.90%	18.45%	17.67%	17.34%	16.87%	16.39%	17.10%	15.76%	18.00%	19.11%	26.43%
Sunshine-S	CY 2016	16.90%	18.45%	17.67%	17.34%	16.87%	16.39%	17.10%	15.76%	18.00%	19.11%	26.43%
United-C	CY 2016			17.67%	17.34%		16.39%					26.43%
Vivida-M	CY 2016								15.76%			
Pre-Term Delivery												
Aetna Better Health-C	CY 2016						9.31%	9.56%				9.33%
Community Care Plan-M	CY 2016										11.41%	
Humana-C	CY 2016	10.85%	9.73%	10.21%	10.88%	9.53%	9.31%	9.56%	8.62%	8.65%	11.41%	9.33%
Lighthouse-M	CY 2016	10.85%	9.73%									
Magellan-S	CY 2016				NR	NR		NR				
Miami Children's Health-M	CY 2016									8.65%		
Molina-C	CY 2016								8.62%			9.33%
Prestige-M	CY 2016									8.65%		9.33%
Simply-C	CY 2016					9.53%	9.31%	9.56%			11.41%	9.33%
Clear Health-S	CY 2016	10.85%	18.45%	17.67%	17.34%	16.87%	16.39%	17.10%	15.76%	18.00%	19.11%	26.43%
Staywell-C	CY 2016	10.85%	9.73%	10.21%	10.88%	9.53%	9.31%	9.56%	8.62%	8.65%	11.41%	9.33%
Staywell-S	CY 2016	10.85%	9.73%	10.21%	10.88%	9.53%	9.31%	9.56%	8.62%	8.65%	11.41%	9.33%
Sunshine-C	CY 2016	10.85%	9.73%	10.21%	10.88%	9.53%	9.31%	9.56%	8.62%	8.65%	11.41%	9.33%
Sunshine-S	CY 2016	10.85%	9.73%	10.21%	10.88%	9.53%	9.31%	9.56%	8.62%	8.65%	11.41%	9.33%
United-C	CY 2016			10.20%	10.88%		9.31%					9.33%
Vivida-M	CY 2016								8.62%			
NAS per 1,000 Live Births												
Aetna Better Health-C	CY 2016						13.5	17				1.6
Community Care Plan-M	CY 2016										10.4	
Humana-C	CY 2016	28.9	17.4	30.7	42.3	44.1	13.5	17	27.1	12.9	10.4	1.6
Lighthouse-M	CY 2016	28.9	17.4									
Magellan-S	CY 2016				NR	NR		NR				
Miami Children's Health-M	CY 2016									12.9		
Molina-C	CY 2016								27.1			1.6
Prestige-M	CY 2016									12.9		2.8
Simply-C	CY 2016					44.1	13.5	17			10.4	1.6
Clear Health-S	CY 2016	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Staywell-C	CY 2016	28.9	17.4	30.7	42.3	44.1	13.5	17	27.1	12.9	10.4	1.6
Staywell-S	CY 2016	28.9	17.4	30.7	42.3	44.1	13.5	17	27.1	12.9	10.4	1.6
Sunshine-C	CY 2016	28.9	17.4	30.7	42.3	44.1	13.5	17	27.1	12.9	10.4	1.6
Sunshine-S	CY 2016	28.9	17.4	30.7	42.3	44.1	13.5	17	27.1	12.9	10.4	1.6
United-C	CY 2016			30.7	42.3		13.5					1.6
Vivida-M	CY 2016								27.1			

Appendix G. SFY 2019–2020 Study Indicator Baseline Rates by Region and Population Served for the *Reducing PPEs* PIP

Plan Name	Baseline Measurement Period	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11
PPAs per 1,000 Enrollee Months												
Aetna Better Health-C	SFY 15/16						1.95	2.08				1.69
Community Care Plan-M	SFY 15/16										1.72	
Florida Community Care-L	SFY 15/16	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Humana-C	SFY 15/16	1.64	1.88	2.06	2.08	2.2	1.99	2.16	1.93	2.07	1.74	1.94
Lighthouse-M	SFY 15/16	1.49	1.71									
Magellan-S	SFY 15/16				1.81	2.06		2.08				
Miami Children's Health-M	SFY 15/16									2.11		1.69
Molina-C	SFY 15/16								1.83			1.69
Prestige-M	SFY 15/16									2.11		1.69
Simply-C	SFY 15/16					2.06	1.95	2.08			1.72	1.69
Clear Health-S	SFY 15/16	1.49	1.71	1.95					1.83	2.11		
Staywell-C	SFY 15/16	1.49	1.71	1.95	1.81	2.06	1.95	2.08	1.83	2.11	1.72	1.69
Staywell-S	SFY 15/16	1.49	1.71	1.95	1.81	2.06	1.95	2.08	1.83	2.11	1.72	1.69
Sunshine-C	SFY 15/16	1.49	1.71	1.95	1.81	2.06	1.95	2.08	1.83	2.11	1.72	1.69
Sunshine-S	SFY 15/16	1.49	1.71	1.95	1.81	2.06	1.95	2.08	1.83	2.11	1.72	1.69
United-C	SFY 15/16			1.95	1.81		1.95					1.69
Vivida-M	SFY 15/16								1.83			
PPRs per 1,000 Hospital Admissions												
Aetna Better Health-C	SFY 15/16						83.17	86.2				89.54
Community Care Plan-M	SFY 15/16										93.13	
Florida Community Care-L	SFY 15/16	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Humana-C	SFY 15/16	89.11	79.18	88.96	88.85	87.73	85.87	88.89	80.95	101.45	98.95	98.35
Lighthouse-M	SFY 15/16	94.57	77.27									
Magellan-S	SFY 15/16				89.37	85.46		86.2				
Miami Children's Health-M	SFY 15/16									94.81		89.54
Molina-C	SFY 15/16								76.88			89.54
Prestige-M	SFY 15/16									94.81		89.54
Simply-C	SFY 15/16					85.46	83.17	86.2			93.13	89.54
Clear Health-S	SFY 15/16	94.57	77.27	89.97					76.88	94.81		
Staywell-C	SFY 15/16	94.57	77.27	89.97	89.37	85.46	83.17	86.2	76.88	94.81	93.13	89.54
Staywell-S	SFY 15/16	94.57	77.27	89.97	89.37	85.46	83.17	86.2	76.88	94.81	93.13	89.54
Sunshine-C	SFY 15/16	94.57	77.27	89.97	89.37	85.46	83.17	86.2	76.88	94.81	93.13	89.54
Sunshine-S	SFY 15/16	94.57	77.27	89.97	89.37	85.46	83.17	86.2	76.88	94.81	93.13	89.54
United-C	SFY 15/16			89.97	89.37		83.17					89.54
Vivida-M	SFY 15/16								76.88			
PPVs per 1,000 Enrollee Months												
Aetna Better Health	SFY 15/16						25.76	26.19				19.51
Community Care Plan	SFY 15/16										23.46	
Florida Community Care-L	SFY 15/16	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Humana-C	SFY 15/16	14.58	12.15	11.16	12.16	10.33	11.57	12.48	10.09	10.49	8.6	8.75
Lighthouse-M	SFY 15/16	30.98	26.12									
Magellan-S	SFY 15/16				26.56	23.24		26.19				
Miami Children's Health-M	SFY 15/16									23.77		19.51
Molina-C	SFY 15/16								22.4			19.51
Prestige-M	SFY 15/16									23.77		19.51
Simply-C	SFY 15/16					23.24	25.76	26.19			23.46	19.51
Clear Health-S	SFY 15/16	30.98	26.12	24.76					22.4	23.77		
Staywell-C	SFY 15/16	30.98	26.12	24.76	26.56	23.24	25.76	26.19	22.4	23.77	23.46	19.51
Staywell-S	SFY 15/16	30.98	26.12	24.76	26.56	23.24	25.76	26.19	22.4	23.77	23.46	19.51
Sunshine-C	SFY 15/16	30.98	26.12	24.76	26.56	23.24	25.76	26.19	22.4	23.77	23.46	19.51
Sunshine-S	SFY 15/16	30.98	26.12	24.76	26.56	23.24	25.76	26.19	22.4	23.77	23.46	19.51
United-C	SFY 15/16			24.76	26.56		25.76					19.51
Vivida-M	SFY 15/16								22.4			

Appendix H. SFY 2019–2020 Study Indicator Baseline Rates for the *Administration of the Transportation Benefit* PIP

Plan Name	Measurement Period^	Study Indicator Rate*
Aetna Better Health-C	CY 2019	NR
Children's Medical Services-S	CY 2019	83.8% Title XIX enrollees, 87.2% Title XXI enrollees
Community Care Plan-M	CY 2019	NR
Florida Community Care-L	CY 2019	94.5%
Humana-C	CY 2018	73.8%
Lighthouse-M	CY 2019	98.6%
Magellan-S	CY 2019	NR
Miami Children's Health-M	CY 2019	93.1%
Molina-C	CY 2019	NR
Prestige-M	CY 2018	94.1%
Simply-C	CY 2019	NR
Staywell-C	CY 2019	91.2%
Sunshine-C	CY 2018 CY 2019	80.6% 83.7%
United-C	CY 2019	NR
Vivida-M	CY 2019	92.1%

^ Few plans with CY 2019 as the baseline measurement period reported interim data (partial year's data) as available at the time of PIP submission on October 1, 2019.

* Study Indicator: The percentage of scheduled Leg A trip requests that resulted in the enrollee arriving to his or her scheduled appointment on time during the measurement period.

Appendix I. SFY 2019–2020 Study Indicator Baseline Rates for the *Behavioral Health or Integration of Mental Health Care With Primary Care* PIP

Plan Name	Study Indicator	Baseline Measurement Period^	Study Indicator Rate
Aetna Better Health-C	The percentage of eligible discharges for enrollees 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses during the measurement period and who had a follow-up visit within 7 days of discharge with a mental health practitioner.	CY 2018	29.6%
Children's Medical Services-S	The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.	CY 2019	NR
Community Care Plan-M	The percentage of enrollees 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both a low-density lipoprotein (LDL-C) test and a glycosylated hemoglobin (HbA1c) test during the measurement year.	CY 2019	NR
Florida Community Care-L	Percentage of enrollees that were identified through the 701B assessment as having a BH need or risk leading to appropriate referrals of both primary care and BH within 10 business days of the creation of the plan of care or after any subsequent change.	CY 2019	8.9%
Humana-C	1. *Follow-Up After Hospitalization for Mental Illness* (*FUH*) HEDIS measure within 7 days of discharge 2. *Follow-Up After Hospitalization for Mental Illness* (*FUH*) HEDIS measure within 30 days of discharge	CY 2018	NR
Lighthouse-M	HEDIS *Antidepressant Medication Management (AMM)* measure: 1. *Effective Acute Phase Treatment*: The percentage of enrollees who remained on antidepressant medication for at least 84 days (12 weeks). 2. *Effective Continuation Phase Treatment*: The percentage of enrollees who remained on antidepressant medication for at least 180 days.	CY 2019	15.6% 6.3%
Magellan-S	The percentage of children ages 6 to 17 treated with two or more concurrent antipsychotic medications.	CY 2019	NR

Plan Name	Study Indicator	Baseline Measurement Period^	Study Indicator Rate
Miami Children's Health-M	HEDIS *AMM* measure: 1. *Effective Acute Phase Treatment*: The percentage of enrollees who remained on antidepressant medication for at least 84 days (12 weeks). 2. *Effective Continuation Phase Treatment*: The percentage of enrollees who remained on antidepressant medication for at least 180 days.	CY 2019	0% 0%
Molina-C	The percentage of MMA enrollee discharges for which the enrollee received follow-up within 7 days of discharge (*FUH*).	CY 2019	NR
Prestige-M	The percentage of enrollees 19–64 years of age during the measurement year, with schizophrenia or schizoaffective disorder, who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.	CY 2018	62.3%
Simply-C	The percentage of enrollees ages 6 and up who received a BH screen within the measurement year by a primary care provider.	CY 2019	NR
Staywell-C	The number of Medicaid and SMI enrollees per 1,000 whose average Milligram Morphine Equivalent (MME) was >90 mg during the treatment period.	CY 2018	8.35 per 1,000
Sunshine-C	*Follow-Up After Hospitalization for Mental Illness Within 7 Days*	CY 2018	27.3%
United-C	1. *Follow-Up After Hospitalization for Mental Illness Within 7 Days* 2. *Follow-Up After Hospitalization for Mental Illness Within 30 Days*	CY 2018	30.2% 50.0%
Vivida-M	HEDIS *AMM* measure: 1. *Effective Acute Phase Treatment*: The percentage of enrollees who remained on antidepressant medication for at least 84 days (12 weeks). 2. *Effective Continuation Phase Treatment*: The percentage of enrollees who remained on antidepressant medication for at least 180 days.	CY 2019	14.3% 0%

^ Few plans with CY 2019 as the baseline measurement period reported interim data (partial year's data) as available at the time of PIP submission on October 1, 2019.

Appendix J. SFY 2019–2020 Study Indicator Baseline Rates for Dental PIPs

Table J-1—Study Indicator Rates for the *Preventive Dental Services for Children* PIP

Plan Name	Baseline Measurement Period^	Study Indicator Rate*
DentaQuest	Federal Fiscal Year (FFY) 2019	36.8%
Liberty	FFY 2019	NR
MCNA	FFY 2019	34.1%

^ The dental plans reported interim data as available at the time of PIP submission on October 1, 2019.

* Study Indicator: The percentage of enrollees 1 to 20 years of age that had at least one preventive dental service during the measurement year.

Table J-2—Study Indicator Rates for the *Coordination of Transportation Services* PIP

Plan Name	Baseline Measurement Period^	Study Indicator 1 Rate*	Study Indicator 2 Rate**
DentaQuest	CY 2019	98.4%	93.3%
Liberty	CY 2019	NR	NR
MCNA	CY 2019	100%	70.6%

^ The dental plans reported interim data (partial year's data) as available at the time of PIP submission on October 1, 2019.

* Study Indicator 1: The percentage of requests for transportation to and/or from covered oral health services that the dental plan referred to and/or scheduled with the enrollee's SMMC plan or the enrollee's SMMC plan's transportation vendor.

** Study Indicator 2: The percentage of requests for transportation to and/or from covered oral health services that the dental plan referred to and/or scheduled with the enrollee's SMMC plan and/or the enrollee's SMMC plan's transportation vendor AND where the dental plan contacted the enrollee to ensure that the transportation was scheduled and the enrollee had been notified.

Table J-3—Study Indicator Baseline Rates by Region for *Reducing Potentially Preventable Dental-Related ED Visits* PIP

Plan Name	Baseline Measurement Period	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10	Region 11
Preventable Dental ED Visits per 1,000 Enrollee Months												
DentaQuest	SFY 16/17	0.4565	0.3779	0.3764	0.319	0.2499	0.2797	0.2703	0.2282	0.2134	0.2234	0.1214
Liberty	SFY 16/17	0.4565	0.3779	0.3764	0.319	0.2499	0.2797	0.2703	0.2282	0.2134	0.2234	0.1214
MCNA	SFY 16/17	0.4565	0.3779	0.3764	0.319	0.2499	0.2797	0.2703	0.2282	0.2134	0.2234	0.1214