

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Center for Medicaid, CHIP and Survey & Certification
Family and Children's Health Programs Group

Ms. Roberta Bradford
Deputy Secretary for Medicaid
Florida Agency for Health Care Administration
2727 Mahan Drive, MS #8
Tallahassee, FL 32308

DEC 10 2010

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Received

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Medicaid

Dear Ms. Bradford:

The Centers for Medicare & Medicaid Services is requesting that the State provide the following additional information to supplement or further clarify information provided in the State's renewal application.

- Monthly complaint and grievance reports for the past 2 years provided by health plans to AHCA, along with excerpt from complaint manual which defines each complaint category.
- Minutes for the past 2 years from the monthly plan management meetings AHCA convenes.
- Plans to implement risk-adjusted payments to PSNs during the extension period.
- A reconciliation of customized plan benefit packages versus State plan benefits and cost shares for each plan in each of the five counties (as applicable).
- Compilation of the Strategic HEDIS Analysis Report (Attachment E) for both MCO and PSN plans into a chart for easier comparison.
- Explanation of AHCA's health plan approval and readiness review process, as well as copies of policies, procedures, review guides or other tools used to make a determination of network adequacy and the plans readiness to accept enrollment and provide services.
- A more detailed explanation of 97.5 percent sufficiency standard, as well as the data used to set that standard.
- Policies and procedures regarding transition of plan enrollment when a plan withdraws or changes ownership within a county, including responsibilities of AHCA, the choice counselor and the withdrawing/selling plan and the receiving/buying plan(s).
- Voluntary selection and auto-assignment rates for Demonstration years 3 and 4, and first quarter of 5.
- A copy of specific plan contract language or other administrative directives that outline the plan's website specifications (including posting directories, formularies and member handbooks).
- A copy of the performance improvement sanctions strategy, and an update on the work to-date of the Value-Based Purchasing/Pay for Performance workgroup along with timelines for implementation.

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- The meeting schedule for the Medical Care Advisory Committee during the current approval period, as well as minutes from each meeting.
- Copies of the State's submitted CMS-416 reports for the first 3 years of the approval period, along with a narrative explanation of the source of the data, and any concomitant limitations.

We appreciate the State's flexibility in providing this information and look forward to continuing our collaborative efforts toward meeting the health care needs of the people of Florida. Please give me a call if you have any questions or concerns about this request.

Sincerely

A handwritten signature in black ink, appearing to read "Joe Gaiser".

Joe Gaiser
Acting Director, Division of State Demonstrations,
Waivers, and Managed Care