



Agency for Health Care Administration 101

House Health Care Regulation Subcommittee

Deputy Secretary Tom Wallace and Deputy Secretary Kim Smoak

January 18, 2023

Agency Overview

MISSION

Better Health Care for all Floridians

CORE FUNCTIONS

- State's Chief Health Policy and Planning Entity
- Administering the Florida Medicaid Program
- Licensure and Regulation of nearly 50,000 health care facilities

We leverage technology to support these core functions and all agency operations.



Agency Objectives

ONE AHCA

We are one agency, one team.

COST EFFECTIVE

We leverage Florida's buying power in delivering high quality care at the lowest cost to taxpayers.

TRANSPARENT

We support initiatives that promote transparency and empower consumers in making well informed healthcare decisions.

HIGH QUALITY

We emphasize quality in all that we do to improve health outcomes, always putting the individual first.



Core Functions

Division of Medicaid

Responsible for administering the state's \$37.6 billion Medicaid Program that serves more than 5.5 million population

Division of Health Quality Assurance

Responsible for the licensure and/or certification of the states 50,000 plus health care facilities and the sharing of health care data through the Florida Center for Health Information and Policy Analysis



What is Medicaid?

Medicaid is a federal program through which states partner with the federal government to provide health care coverage to low-income children, families, elders, and people with disabilities.

The federal government establishes basic mandatory program requirements.

States choose whether to participate.

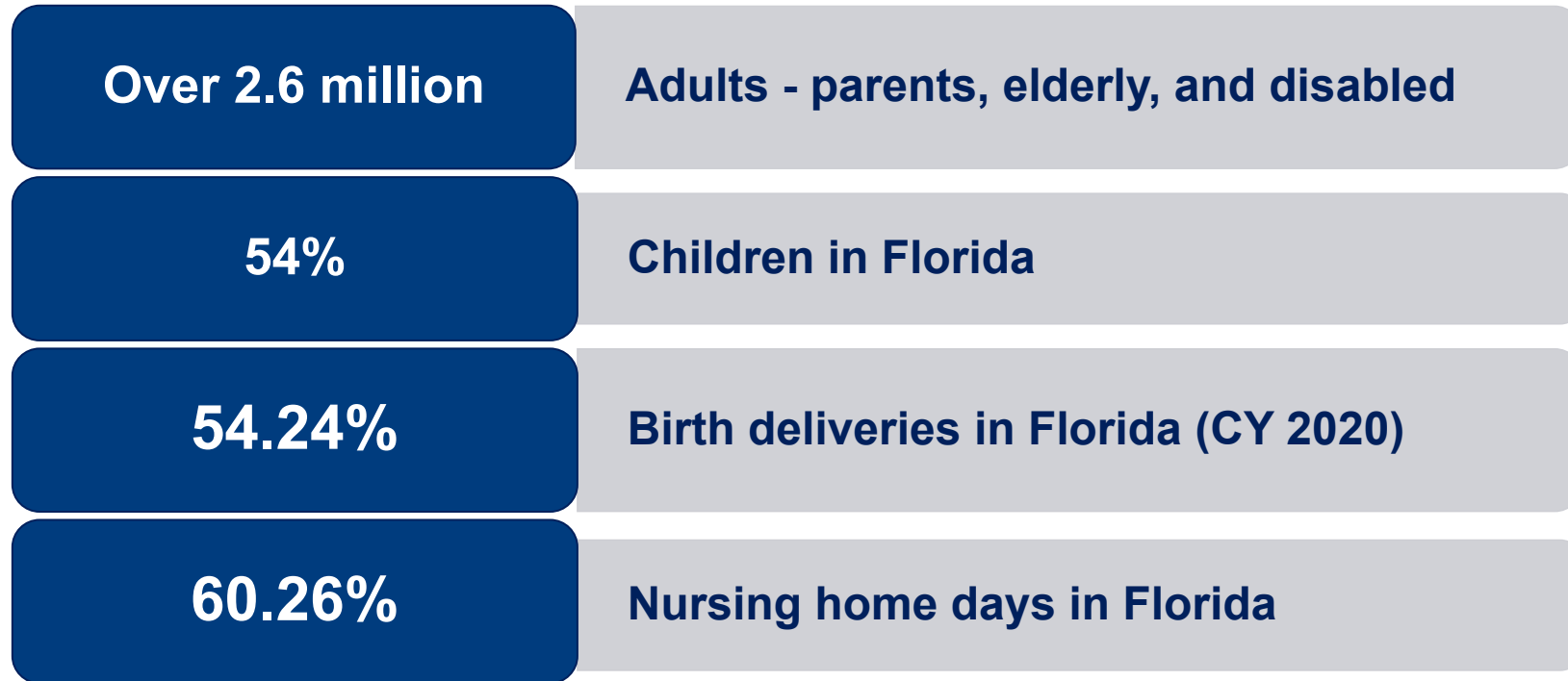
Jointly financed: federal and state governments share the cost.

Each state develops a unique Medicaid program based on federal rules – subject to federal Centers for Medicare and Medicaid Services (CMS) approval.



Who does Florida Medicaid Serve?

Medicaid serves more than 5.5 million Floridians.



Groups Covered by Florida Medicaid

Florida is unique in that the Medicaid program serves a proportionately larger number of seniors and has a significant population of disabled beneficiaries.

Florida Medicaid SFY 2021-22	
Children	44.86%
Adults	20.73%
Elderly and Disabled	18.69%
Non-Elderly and Disabled	11.01%
Pregnant Women	4.71%
Total Participation	100%



Mandatory and Optional Medicaid Groups

- The federal government requires state Medicaid programs to cover “mandatory groups” and allows for coverage of “optional groups.”
 - Mandatory groups: Categories of people that must be covered.
 - Optional groups: States may choose to cover additional federally approved groups.
- The Florida Medicaid program outlines covered groups through its Medicaid state plan and various waivers.



Mandatory

Low Income:

- Children
- Pregnant Women
- Parents
- Seniors who are Medicaid recipient

Foster Care/former foster care to age 26

SSI recipient

Optional (Examples)

Medically needy

Children 19 and 20

Lawfully residing children during their first 5 years

Breast and Cervical Cancer Program Enrollees

Family Planning Waiver

Florida Medicaid Income Limits

* Income limits do not account for applicable income disregards and are included for comparison to FPL only.

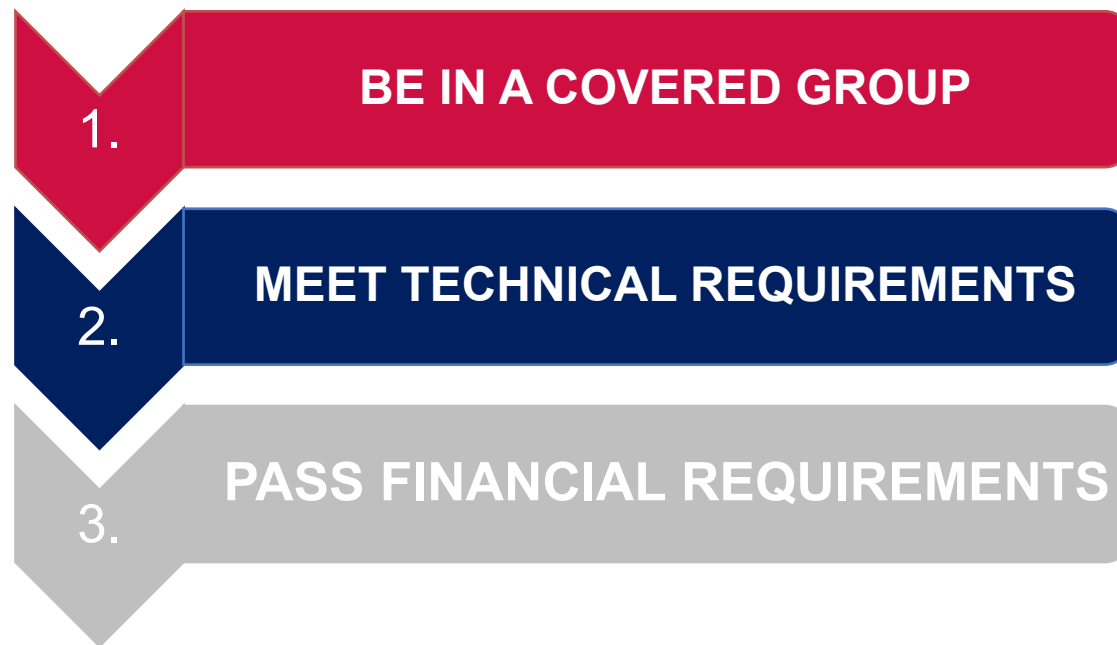
Certain eligibility categories for the elderly and/or disabled, for example, have final income limits based on other factors including living situation and consideration of assets.

Group	Federal Poverty Level	Annual Income (Family of Four)*
Children Under Age 1	200% FPL	\$55,500
Children ages 1 through 18	133% FPL	\$30,636
Pregnant Women	185% FPL	\$51,348
Parents, Caretakers, Children ages 19-20	Fixed dollar amount	\$4,368
Home and Community Based Services, Nursing Home, Hospice	222% FPL	\$61,608
Meds A/D	88% FPL	\$24,408
Breast and Cervical Cancer		



Who is Eligible to Enroll in Florida Medicaid?

- Medicaid is an entitlement program, which means that everyone who meets eligibility rules has a right to enroll in Medicaid coverage – states cannot cap their programs.
- In order to be eligible for Medicaid in Florida, a person must:



Florida Medicaid Delivery System

- A majority of Florida's Medicaid population receives Medicaid services through a managed care delivery system.

**Statewide Medicaid Managed Care
(SMMC) Program**

**95% of Full Benefit
Medicaid Enrollees**



Statewide Medicaid Managed Care Program

Since 2013-2014, most Florida Medicaid recipients have been required to enroll in the Statewide Medicaid Managed Care program (SMMC) to receive services.

- The Agency initially procured SMMC medical and long-term care contracts in 2013.
- The Agency re-procured SMMC Contracts in 2017, with contract awards in 2018 for medical, long-term care and dental services.
- Six year contracting period for plans.
- Current Contracts: 2018-2024



SMMC: Multiple Managed Care Program Components

Managed Medical Assistance (MMA)

COVERAGE:

Preventive, acute, behavioral, and therapeutics services, including pharmacy and transportation services.

ENROLLMENT:

Most Medicaid recipients must enroll in an MMA

Long-Term Care (LTC)

COVERAGE:

Nursing facility, assisted living, and Home- and Community-Based services.

ENROLLMENT:

65 years of age or older, or age 18 or older and disabled.
- Requires Nursing Facility level of care, or Hospital level of care for those with

Dental

COVERAGE:

Preventive and therapeutic dental services.

ENROLLMENT:

All Medicaid recipients in managed care and all fully Medicaid eligible fee-for-service individuals.



SMMC: The First Two Contract Terms

The first 5 years of the program were very successful. In negotiating the current 6-year contracts, major additional improvements were achieved.

- **Robust Expanded Benefits, Enhanced Provider Networks, and Care Management gave us:**
 - Improved health quality outcomes
 - High patient satisfaction
 - Increased opportunity for individuals needing long-term care to transition from nursing facilities to their own homes or other community living
- **Managed Care Controlled Costs**

- **Competitive procurement and negotiation gave us:**
 - More & Richer Expanded Benefits
 - Enhanced Quality Performance Goals
 - Enhanced provider access with after hours care and telemedicine and more primary care providers



Statewide Medicaid Managed Care Program


- SB 1950 (2022)
 - Realigns Florida counties from 11 to 9 SMMC regions.
 - Single statewide procurement for MMA and LTC.
 - Authorizes the Agency to award contracts on a regional or statewide basis.
 - Specifies requirements for the minimum number of plans which the Agency must procure for each region.
- The re-procurement process for the next contract period has begun.
- New contract will begin at the end of 2024 and go through 2030

Currently, estimated expenditures for the SMMC program for FY 22-23 are \$24.4 billion



Medicaid Plan Performance – <https://floridahealthfinder.gov/>

FloridaHealthFinder

 a service of the Agency for Health Care Administration

Compare ▾

Price

Locate



Quality of Care Indicators - Ratings

All Counties

All Florida Counties

Plan Type: Medicaid Health Plans

Data are for services received in 2020 Accreditation data are current as of July 01, 2022

Directions: To begin your search for information, choose and click on one of the following options and follow further directions.

- Medicaid Health Plans Summary
- Medicaid Health Plans (Report Card) - Quality of Care Indicators - Ratings

To view individual measures in a category, click one of the following:

- Medicaid Health Plan Report Card
- Keeping Adults Healthy
- Pregnancy-related Care
- Living with Illness
- Keeping Kids Healthy
- Behavioral Health Care
- Medicaid Health Plans - Member Satisfaction for Adults - Ratings
- Medicaid Health Plans - Member Satisfaction for Parent and Child – Ratings

Directions: View the results below or click a column heading to sort by that column.

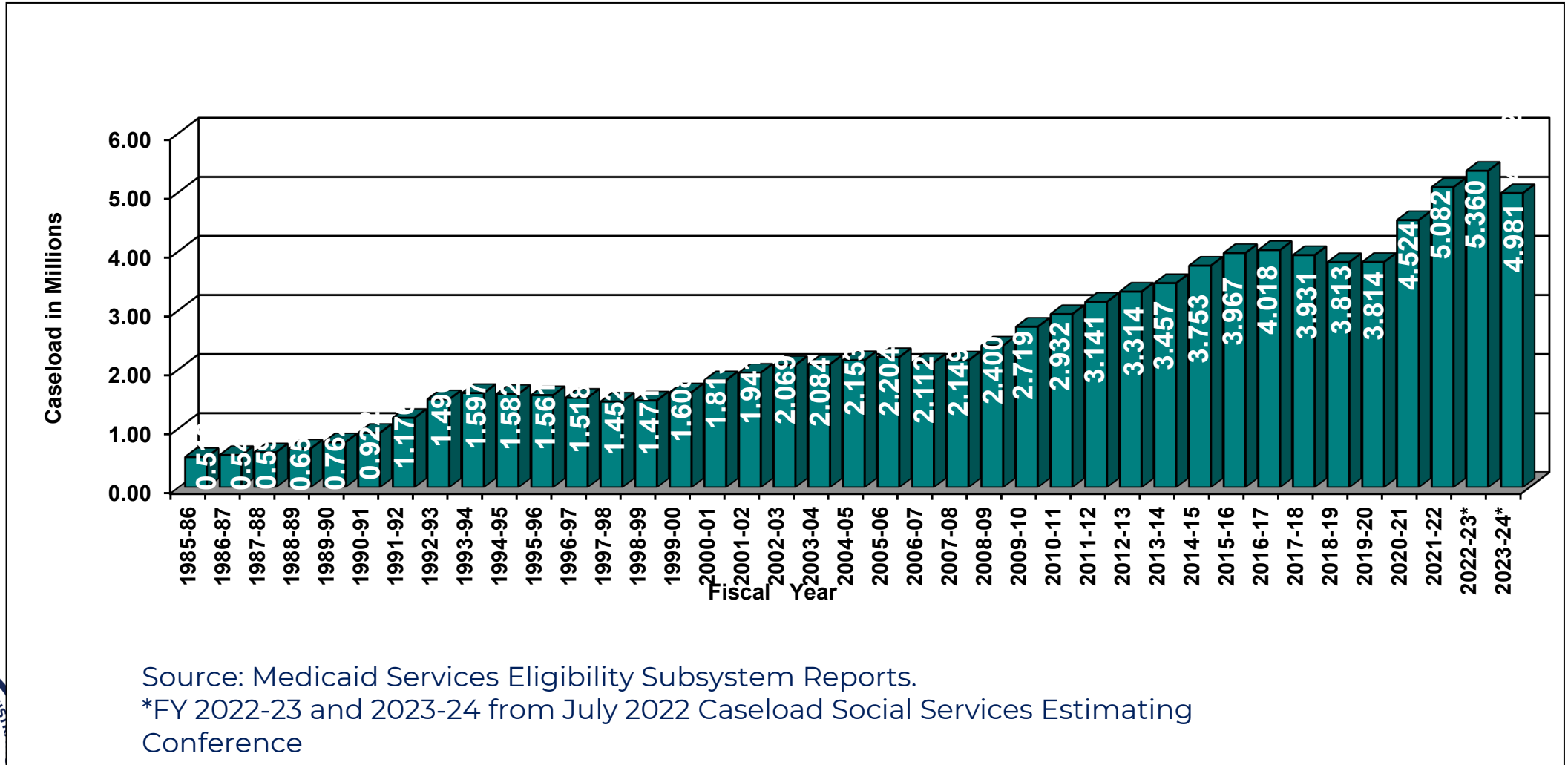
Plan Name	Pregnancy-related Care	Keeping Kids Healthy	Keeping Adults Healthy	Living with Illness	Behavioral Health Care
Aetna Better Health of Florida	★★★★★	★★★★☆	★★★★☆	★★★★☆	★★★★☆
AmeriHealth Caritas	★★★★★	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Children's Medical Services *	★☆☆☆☆	★★★★☆	N/A	★☆☆☆☆	★★★★☆
Clear Health Alliance *	★★☆☆☆	N/A	★★★★☆	★★★★☆	★☆☆☆☆
Community Care Plan	★★★★★	★★★★☆	★★★★☆	★★☆☆☆	★★☆☆☆
Florida Community Care	N/A	N/A	★★★★☆	★☆☆☆☆	★☆☆☆☆
Humana Medical Plan, Inc.	★★★☆☆	★★★☆☆	★★★★☆	★★★★★	★★★☆☆
Molina Healthcare of Florida, Inc.	★★★★☆	★★★★☆	★★★★☆	★★★★★	★★★★☆
Simply Healthcare Plans, Inc.	★★★☆☆	★★★★☆	★★★★☆	★★★★☆	★★★★☆
Sunshine Health Child Welfare Specialty Plan *	★☆☆☆☆	★★★★☆	N/A	N/A	★★★★☆
Sunshine State Health Plan, Inc.	★★☆☆☆	★★★☆☆	★★★★☆	★★★★☆	★★★★☆
United Healthcare of Florida, Inc.	★★☆☆☆	★★★☆☆	★★★★☆	★★★★☆	★★★☆☆
Vivida Health	★★★☆☆	★★☆☆☆	★★☆☆☆	★☆☆☆☆	★★☆☆☆

- ★★★★★ **Best** at or above 50% of all Medicaid health plans' scores
- ★★★★☆ **Good** better than at least 40% of all Medicaid health plans' scores
- ★★★☆☆ **Fair** better than at least 25% of all Medicaid health plans' scores
- ★★☆☆☆ **Poor** better than at least 10% of all Medicaid health plans' scores
- ★☆☆☆☆ **Very Poor** worse than 90% of all Medicaid health plans' scores
- N/A Not Measurable/Small Population
- N/R Not Rated

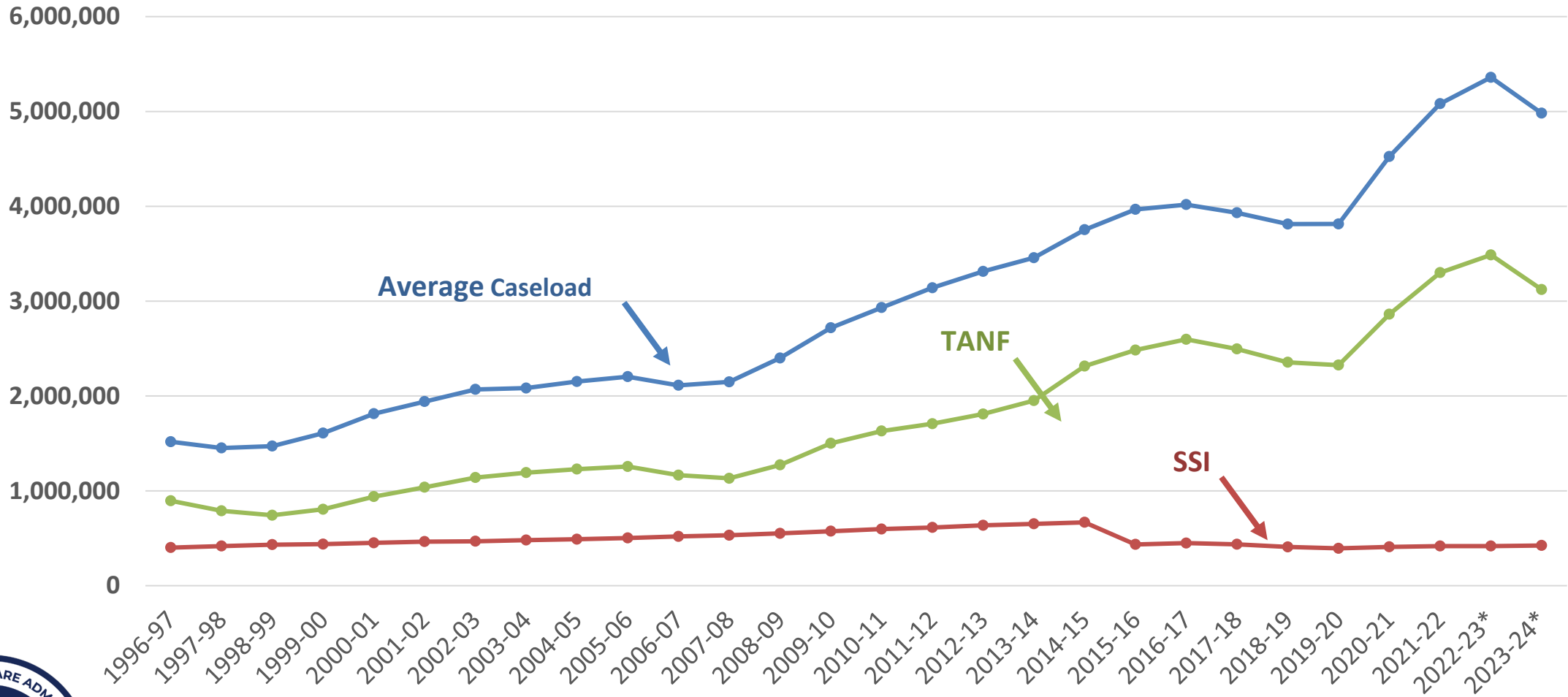
* Use caution when viewing the star ratings for these plans. These plans only serve people with certain diagnoses or conditions. The star ratings compare these plans to plans that may be serving healthier people.

If a plan was unable to report valid rates for less than half of the performance measures in a particular report card category, no group average will be calculated and "N/A" will be displayed.

Average Monthly Caseload Growth



Growth in Average Monthly Caseload, TANF and SSI

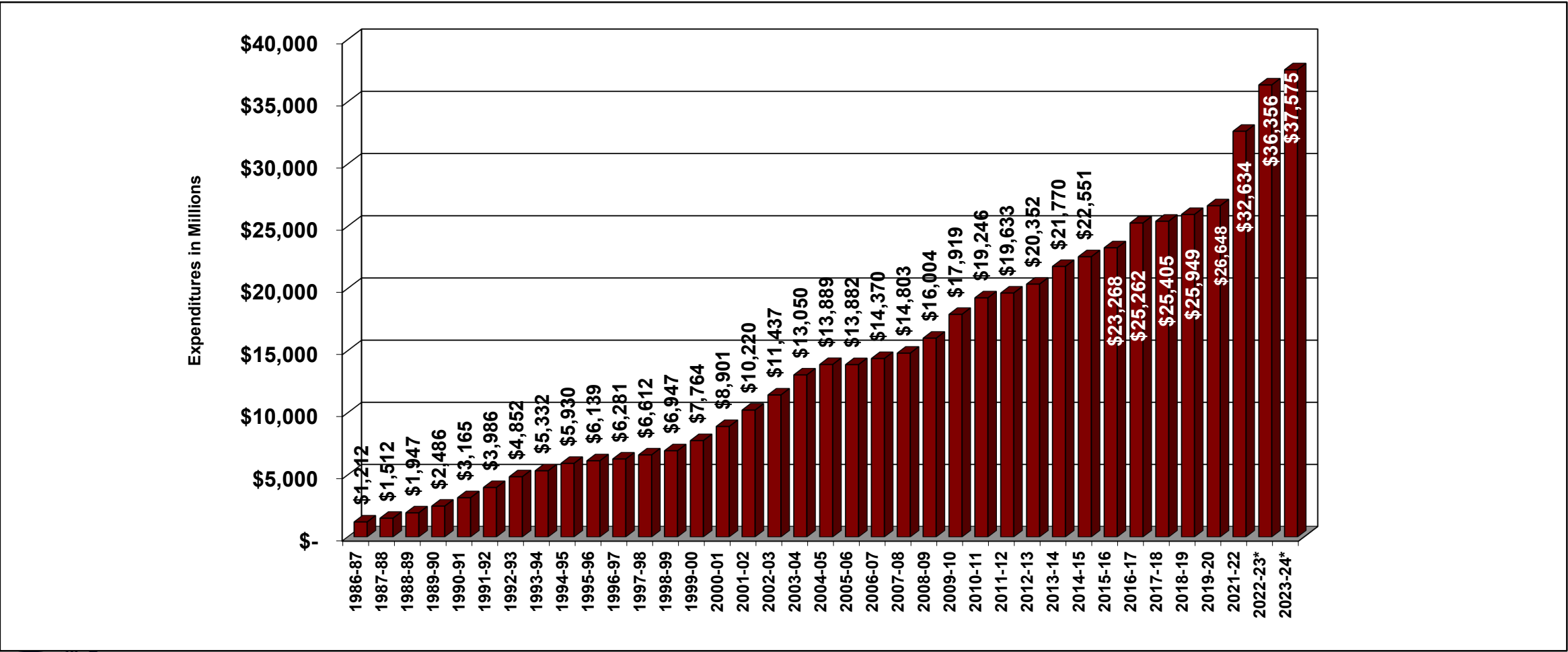


Source: Medicaid Services Eligibility Subsystem Reports.

*FY 2022-23 and 2023-24 from July 2022 Caseload Social Services Estimating Conference



Growth in Service Expenditures



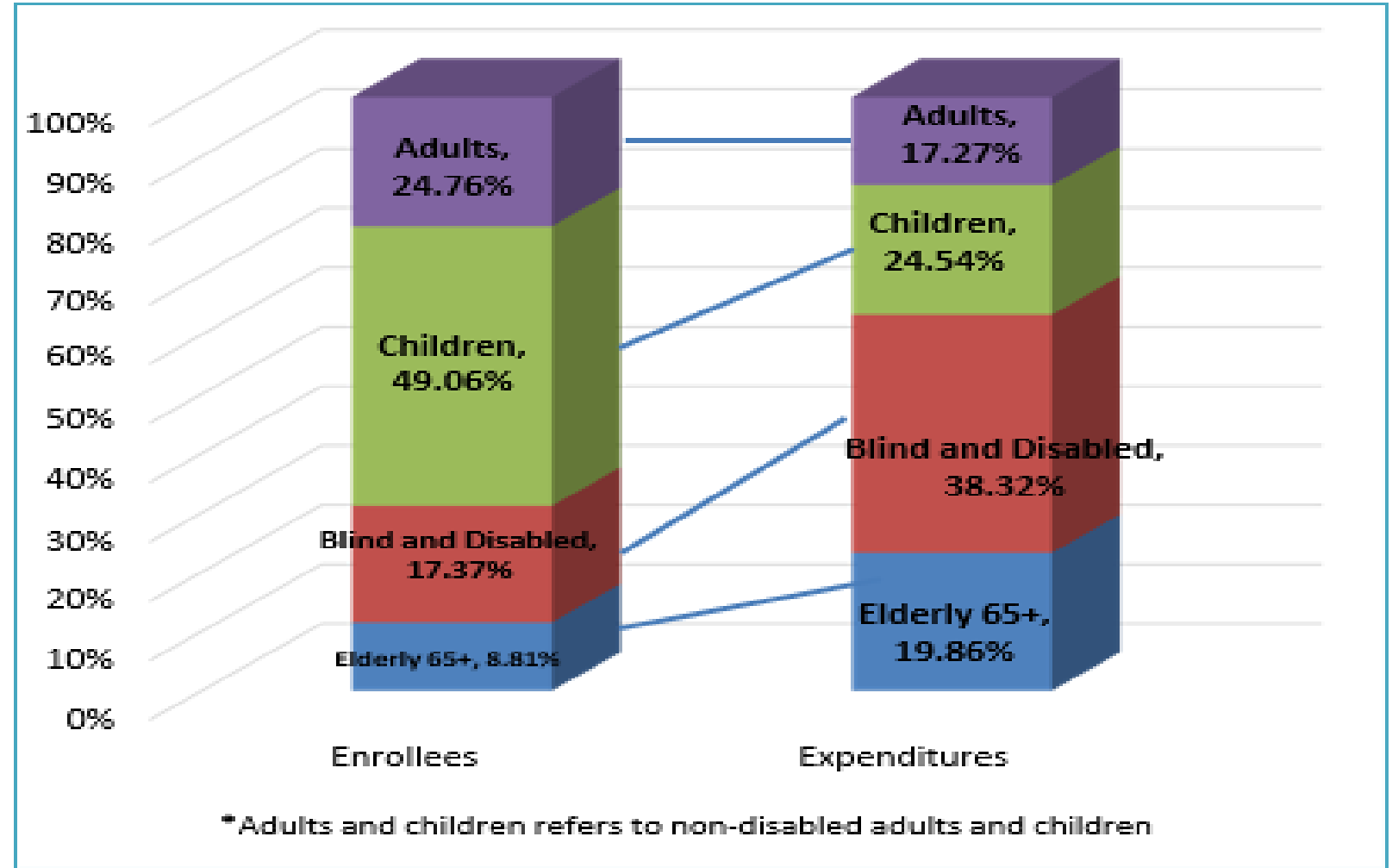
Source: Medicaid Services Budget Forecasting System Reports.

*FY 2022-23 and 2023-24 Source: August 2022 Social Services Estimating Conference.



Expenditures by Population

- Different populations have different impacts on program expenditures.
- In general, services provided to the elderly and the disabled cost more per person/per month than services provided to children or healthy adults.



Medicaid Program Integrity (MPI)

- Serves as the lead office to design, coordinate, and implement the Medicaid program's fraud, abuse, and waste prevention and detection efforts.
- MPI is comprised of five (5) different sections that carry out the duties and responsibilities of ensuring fraudulent and abusive behavior in the Medicaid program occurs to the minimum extent possible.
- The five MPI Sections are:
 - Prevention Activities
 - Detection Activities
 - Managed care Program Integrity Activities
 - Overpayment Recoupment Activities
 - Operational Activities



MPI Overview

- **Prevention Activities**

- Oversight
- Reviews
- Investigations
- Enforcement activities regarding high-risk provider types.

- **Detection Activities**

- Fraud and abuse detection involves numerous methodologies and techniques that identify program vulnerabilities, threats, and risks to the Medicaid program.

During FY 2020-21, MPI received and assessed 2,422 complaints.



MPI Overview

- **Operational Activities**

- Conducts reviews of providers deemed noncompliant with repayment obligations by the Bureau of Financial Services to determine if the circumstances suggest that non-payment is due to a provider no longer being in operation.

- **Fraud and Abuse Schemes (focus)**

- Failure to follow coverage and limitation (policy) provisions
- Upcoding procedure codes
- Unbundling procedure codes
- Billing non-covered services as covered services
- Misrepresenting material details on claims (or in documentation) such as dates or location of service, or rendering/ordering/authorizing provider
- Patient brokering/misuse of recipient information
- Falsified documents
- Straw owners/shell corporations/shelf corporations
- Billing for services not rendered
- Corruption/kickbacks/bribery/other financial crimes
- False or unnecessary prescriptions/orders for drugs, medical equipment/supplies, services

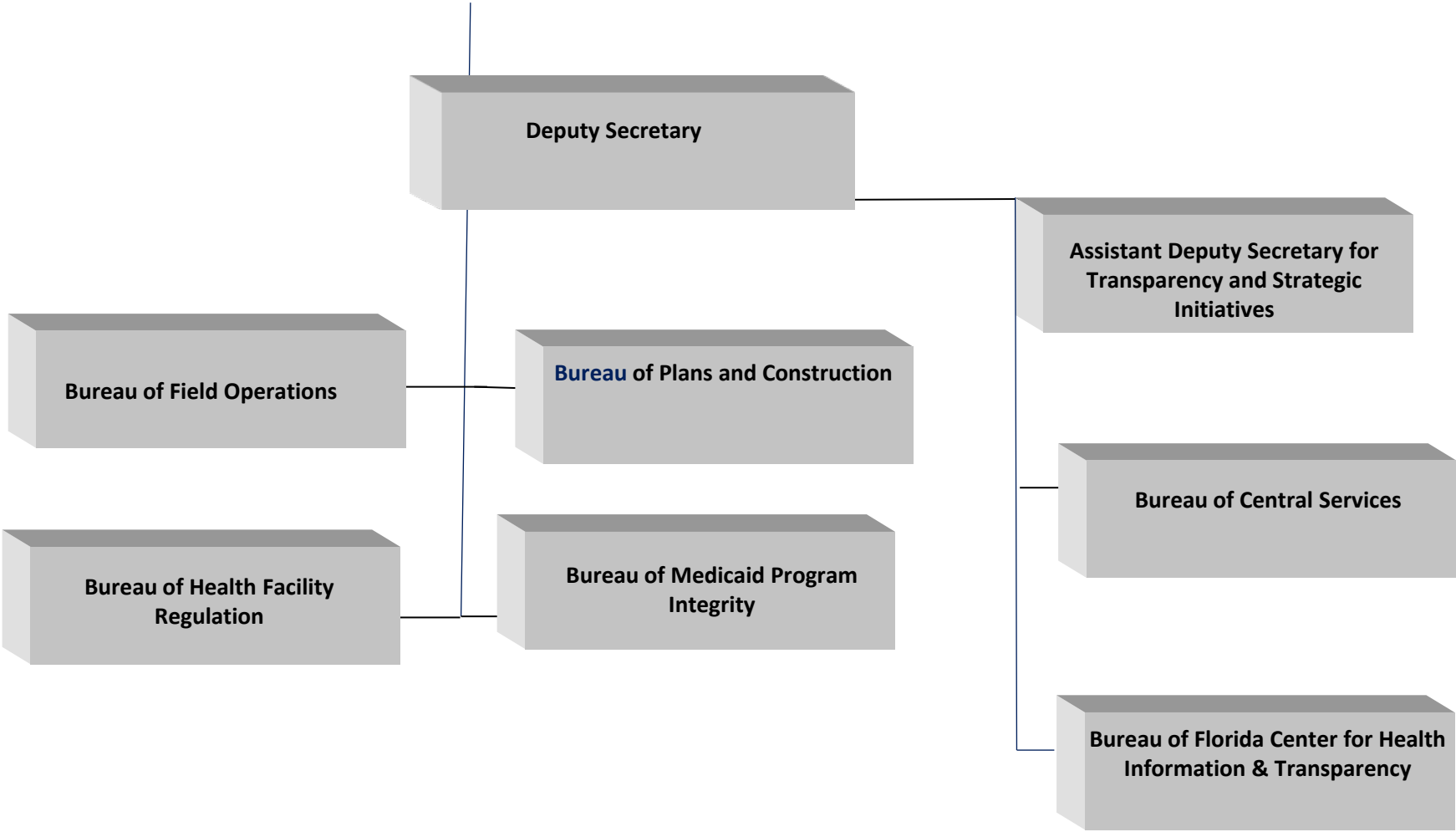


Overpayment Recoupment Activities

- Audits of Fee-For-Service (FFS) claims identify overpayments for recoupment continues to yield high-dollar results for the Agency, MPI also recovers overpayments that are time limited by provisions of section 641.3155, F.S., or if the Medicaid Health Plan has not properly reported to the Agency the suspected fraud, abuse, or waste.
 - SFY 2021-22 over \$26 million in overpayments identified.
- Self-audits also continue to be an area of focus this year. MPI has promoted self-audits through sharing potential overpayment or billing errors with providers after a concern is identified. For example, if a single provider identified inappropriate billing and repays an overpayment, MPI may share this information with other like providers to determine if they may have a similar billing error. Providers who conduct such a self-audit may avoid an MPI audit for the same billing error or overpayment issue.
 - SFY 2021-22 over \$2.3 million in overpayments identified.



HQA Organizational Chart Overview



Regulatory Oversight

Health Care Facility Oversight Mandated by State and Federal Laws

- Licensure/Certification and Exemption Applications for 37 Provider Types
 - Initial Applications (New Providers)
 - Renewal Applications (Required every 2 years)
 - Change of Ownership
 - Changes During the Licensure Period
- Contract with Federal Centers for Medicare and Medicaid Services (CMS)
 - Designated State Survey Agency under the §1864 of the Social Security Act
- Inspections for Licensure and Federal Certification
 - Initial and Renewal Licensure
 - Initial and Recertification
 - Complaint Investigations
 - Monitoring Visits
 - Revisits
 - Voluntary or Involuntary Closure visits
 - Post facility incident and disaster visits to assess resident care & oversight
 - Transfers as part of a facility's emergency management plan
 - Unlicensed Activity



Regulatory Oversight

- Enforcement Activities
 - State Sanctions: Licensure Fines, Emergency Actions, Revocations, Other
 - All State Sanctions may be Challenged and Subject to Administrative Judicial Review
 - Federal Sanctions: Recommend to CMS for Implementation
- Complaint and Incident Management
 - Adverse Incident Collection and Review
 - Hospitals, Ambulatory Surgery Centers, Nursing Homes, Assisted Living Facilities
 - Facility Reported Incidents (Nursing Homes Only)
- Background Screening of Facility Caregivers
 - Licensure: Owners, Operators, Direct Care Staff
 - Medicaid : Owners and Operators
 - Care Providers Background Screening Clearinghouse
- Data Collection
 - Volume and Discharge Data, Facility Information
- Financial Reviews
 - Licensure, Certificate of Need, Hospital Financials



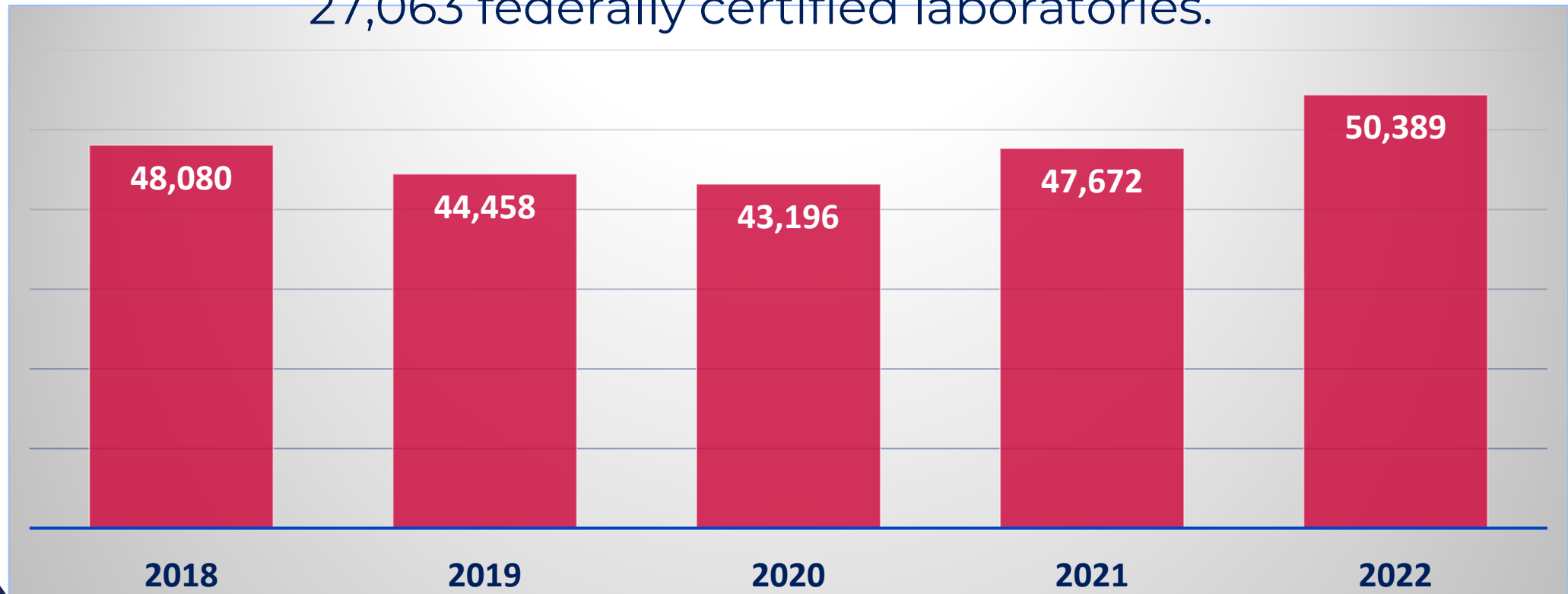
Regulated Health Care Facilities and Providers

- Abortion Clinics
- Adult Day Care Centers
- Adult Family Care Homes
- Ambulatory Surgery Centers
- Assisted Living Facilities
- Birth Centers
- Clinical Laboratories
- Community Mental Health Center-Partial Hospitalization Programs
- Comprehensive Outpatient Rehab Facilities
- Crisis Stabilization Units
- End-Stage Renal Diseases
- Federally Qualified Health Care Centers
- Forensic Toxicology Laboratories
- Health Care Service Pools
- Health Care Clinics
- Health Care Clinic Exemptions
- Home Health Agencies
- Home Health Agency Exemptions
- Health Care Services Pools
- Homemaker Companion Agencies
- Homes for Special Services
- Hospices
- Hospitals
- Intermediate Care Facilities for Developmentally Disabled
- Nurse Registries
- Nursing Homes
- Organ and Tissue Procurements
- Portable X-rays
- Prescribed Pediatric Extended Care Centers
- Rehabilitation Agency
- Residential Treatment Centers for Children and Adolescents
- Residential Treatment Facilities
- Rural Health Clinics
- Short Term Residential Treatment Facilities
- Skilled Nursing Units
- Transitional Living Facilities



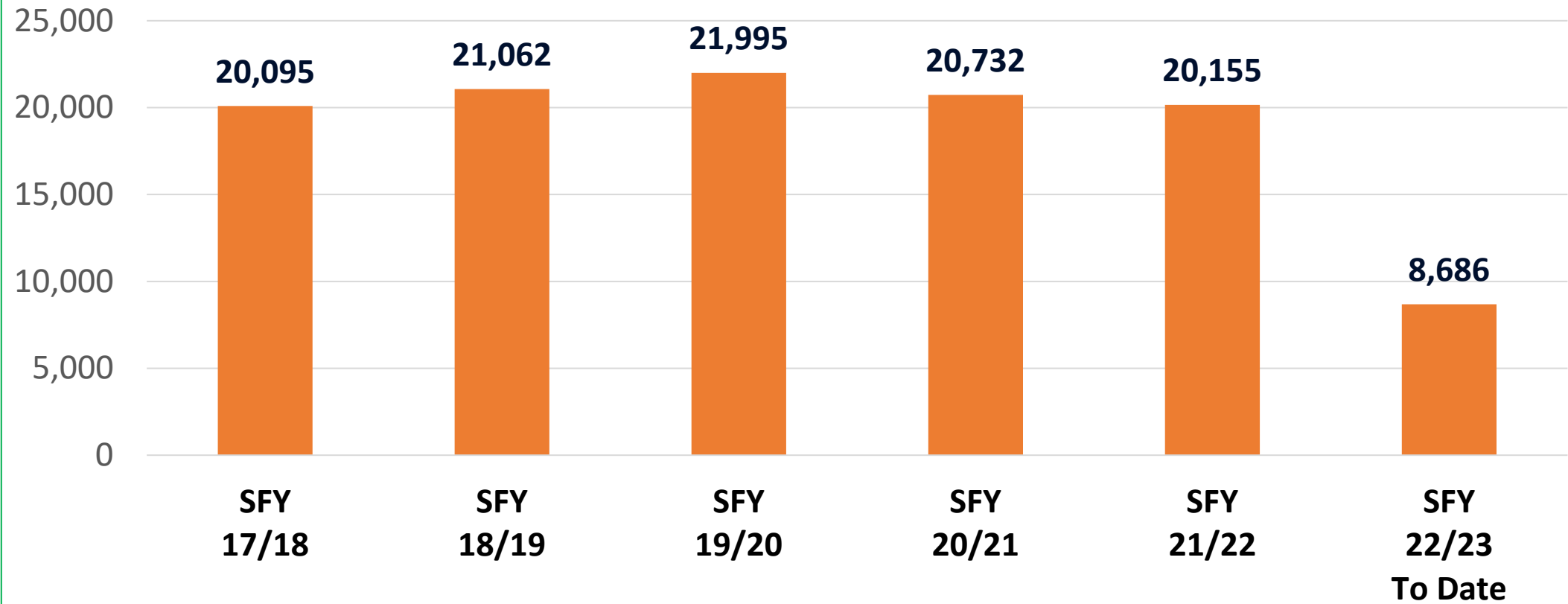
Total Health Care Facilities and Providers

There are over 50,000 providers that fall under HQA's purview. That number includes 23,326 providers that are licensed and/or certified and 27,063 federally certified laboratories.



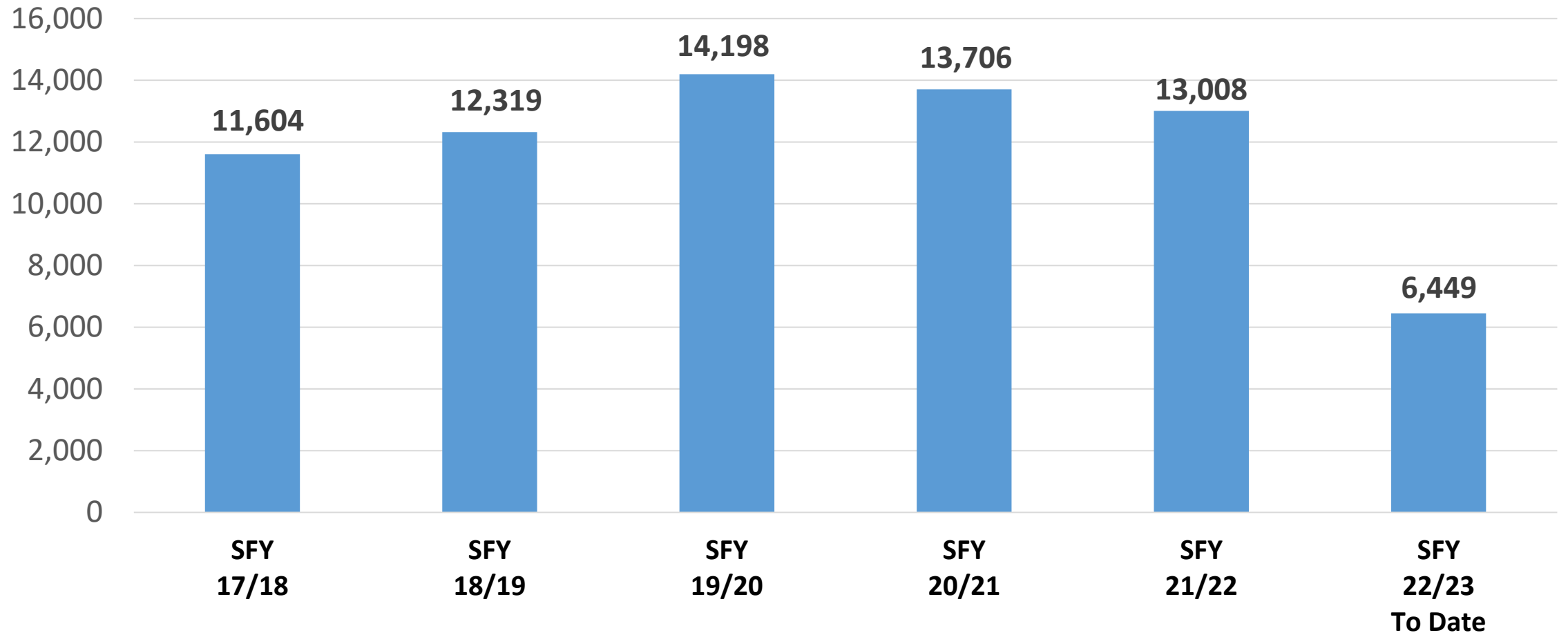
Survey Workload - Statewide

(includes Health & Life Safety Code -State and Federal)



Total Complaints Received & Triaged

(includes Health & Life Safety Code Federal & State)



Care Provider Background Screening Clearinghouse

The Florida Care Provider Background Screening Clearinghouse (Clearinghouse) is a first in the nation enterprise system established by law in 2012 to be a single data source for background screening results of persons required by law to undergo screening for employment in positions that provide services to vulnerable populations.

The Clearinghouse allows the results of criminal history checks to be shared among seven specified agencies when a person has applied to volunteer, to be employed, to be licensed, or enter into a contract that requires a state and national fingerprint-based criminal history check. The Clearinghouse is housed and managed by the Agency for Health Care Administration (AHCA) and is used by six other state agencies (DOH, DCF, APD, DOEA, DJJ, DOE-VR, and Medicaid).

There are several employer benefits to utilizing the Clearinghouse for background screening requirements, including significant cost savings due to use of existing screenings, access to an employee's Florida public criminal record, and immediate notification if an employee is arrested in Florida (also known as Rap-Back or retained prints).

Since inception, the Clearinghouse has saved providers an estimated \$113 million in reduced fingerprint costs and fingerprint renewal processing. Over 6.5 million screenings have been processed by the Clearinghouse since inception.



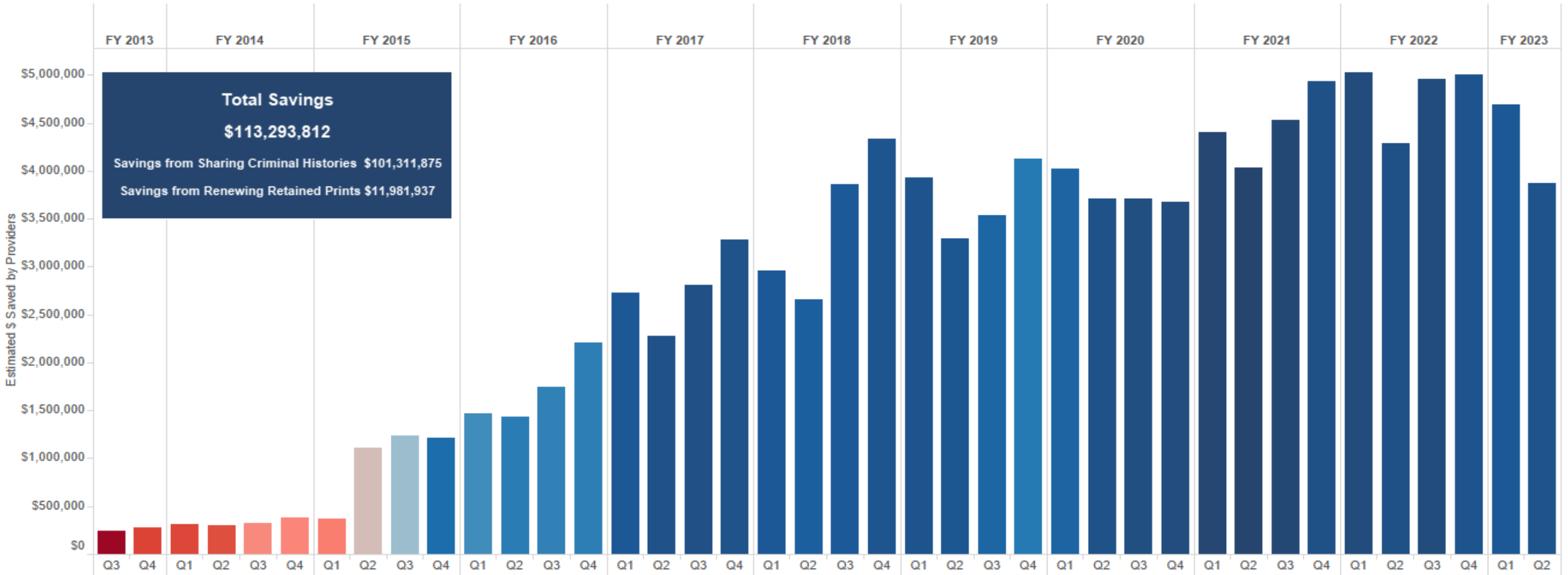


Estimated Savings by Providers (Avoidance of Duplicative Screenings and Renewals of Retained Prints)

-Select an Agency-

(All)

-To calculate totals for specific time frames click on any month, quarter, or year below to update total in the blue box-



Total Savings
\$113,293,812
 Savings from Sharing Criminal Histories \$101,311,875
 Savings from Renewing Retained Prints \$11,981,937

Data Last Updated - 1/4/2023 1:08:38 PM

Percentage of Screenings that are Clearinghouse Compliant



Emergency Preparedness and Response

Emergency Preparedness:

- Develop Licensure Rules for Facility Preparedness Plans
- Monitor Compliance with Local Emergency Plan Approval
- Enforce Federal Emergency Preparedness Requirements

Emergency Response:

- Support Department of Health at the Emergency Operations Center
- Monitor Regulated Providers Prior to and After an Emergency Event
 - Online System – Health Facility Reporting System (HFRS)
formerly Emergency Status System
 - Communication in the Affected Areas – Conference Calls, Hotlines, Web Updates
 - Conduct Onsite Facility Assessments as Needed
- Address Policy Barriers
- Collaborate with Partners: Federal, State and Local
- Assist as Needed – Patient Movement, Discharge Assistance





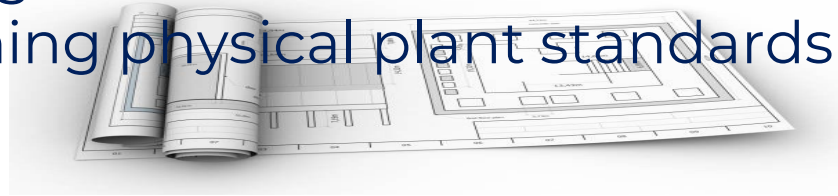
HEALTH FACILITY REPORTING SYSTEM

- Released in 2018 prior to hurricane season
- Online Application for internal and external users
- Licensed Health Facility Status Updates
 - Available Beds
 - Evacuation
 - Power Outage and Impact
 - Emergency Contacts
- Single Account for Owners of Multiple Facilities



Plans and Construction

- Reviews and approves plans and specifications for construction projects for the following health care facilities:
 - Hospitals, nursing homes, ambulatory surgical centers, and intermediate care facilities for the developmentally disabled.
- Plan review and survey teams consisting of architects, electrical engineers, and mechanical engineers.
- A 60-day time limit for the Agency to approve or disapprove submitted plans and specifications.
- Charge and collect fees associated with costs of reviewing plans and inspecting construction.
- Assists the Florida Building Commission and State Fire Marshal with establishing and maintaining physical plant standards for health care facilities.



Florida Center for Health Information & Transparency

- Coordinates, receives, analyzes, and publishes data and information from more than 5,000 licensed health care facilities for a variety of purposes including:
 - Data-driven policy development;
 - Increasing transparency for consumers and stakeholders;
 - Increasing the adoption and use of health information exchange, and;
 - Improving health care quality.
- The Florida Center collects for and maintains three major databases:
 - Hospital Inpatient Data
 - Ambulatory Surgery Data
 - Emergency Department Data



The Office of Data Collection & Quality Assurance

The Office of Data Collection & Quality Assurance reviews and certifies patient-level discharge data from all Florida licensed hospitals, emergency rooms, and Ambulatory Surgical Centers (ASCs).

- A new data collection system will streamline processing through automation and real-time editing capabilities while improving end-to-end transparency for users.



The Office of Data Dissemination & Transparency

- The Office of Data Dissemination and Transparency manages and updates Florida Health Care Quality and Cost Transparency initiatives:
 - FloridaHealthFinder,
 - FloridaHealthPriceFinder, and
 - MyFloridaRx.
- Administer Florida's statewide All Payer Claims Database, processing over **5,000 custom data orders per year**. Facilitate the State Consumer Health Information and Policy Advisory Council and the

The Office of Health Information Exchange (HIE) & Policy Analysis

- The Office of HIE & Policy Analysis administers and governs the Florida HIE Services including the Encounter Notification Service (ENS) which provides admit, discharge, and transfer alerts in real time to participating healthcare providers.
- Administers the Medicaid Promoting Interoperability Program which supports the adoption and meaningful use of electronic health records.
 - Over **\$591M in incentive payments to over 9,000**

Florida Health Finder Features

Compare Health Care Provider Quality Ratings

The screenshot shows the Florida Health Finder website. At the top left is the logo "FloridaHealthFinder" and "a service of the Agency for Health Care Administration". To the right is a search bar and navigation buttons for "Compare", "Price", and "Locate". The main banner features the text "Working FloridaHealthFinder.gov is your site for Easy access to health care information." and "Studies show that public reporting of provider performance is a key element that promotes enhanced patient care and consumer choice." Below this is a button labeled "Locate a Facility or Provider" with a right-pointing arrow. At the bottom, there is a navigation menu with the following items: "Transparency Resources - Florida Patients Right to Know", "Health Care Resources", "Health Care Education", "Health Care Researcher Data - Order Data/Data Dictionary", "Health Information Technology", and "AHCA Resources".

Locate Providers and View Detailed Profiles

FHF Link & QR Code:
<https://quality.healthfinder.fl.gov/index.html>



Locating a Facility or Provider

1. Click the Locate a Facility or Provider button on the homepage
2. Search by Facility Type/Location OR search by proximity
3. If searching by facility type:
 - Complete search criteria
 - Facility type is the minimum information required

General Search

Facility/Provider Type: (Required)

Community Residential Home: Please be advised that local zoning authorities may have additional restrictions or requirements not under the jurisdiction of the Agency for Health Care Administration. Contact your local zoning authorities for any specific requirements. See also [419.001 F.S.](#)

License Status:

Name:

Street Address:

City:

Zip Code:

County:

AHCA Number (File Number):

AHCA Field Office:

License Number:

Affiliated Individual/Entity:

Profit Status:

Current Emergency Actions:

Baker Act Receiving Facility:
(Hospitals and Crisis Stabilization Units Only)

Advanced Search (Optional - Click on down arrow for options)



Locating a Facility/Provider

Facility/Provider Search Results

View the results below or to sort by a different column, use the drop-down box. Click the facility/provider name to view more details. Owner, Administrator/CEO, Controlling Interest information may be viewed by selecting Export to Excel. Click the automobile icon for driving directions. See the [GLOSSARY](#) for definitions on the facilities/providers.

You may also view **reports of frequently requested information**.

Include Controlling Interest in Excel Export

Note: Including controlling interest may cause providers to be listed more than once.

Include Emergency Power Plan data in Excel Export (ALFs and nursing homes only)

Export to Excel

Print

Start Over

Name	Type	Street Address	City	State	Zip	Phone Number	Licensed Beds
ADVENTHEALTH ALTAMONTE SPRINGS - 120004	Hospital	601 E ALTAMONTE DR	ALTAMONTE SPRINGS	FL	32701	(407) 303-2200	393
ADVENTHEALTH APOPKA - 120003	Hospital	2100 OCOEE APOPKA RD	APOPKA	FL	32703	(407) 609-7000	120
ADVENTHEALTH CARROLLWOOD - 100069	Hospital	7171 N DALE MABRY HWY	TAMPA	FL	33614	(813) 932-2222	119
ADVENTHEALTH CELEBRATION - 23960017	Hospital	400 CELEBRATION PL	CELEBRATION	FL	34747	(407) 764-4000	357
ADVENTHEALTH CONNERTON - 23960082	Hospital	9441 HEALTH CENTER DR	LAND O LAKES	FL	34637	(813) 903-3700	77
ADVENTHEALTH DADE CITY - 100211	Hospital	13100 FORT KING RD	DADE CITY	FL	33525	(352) 521-1100	120
ADVENTHEALTH DAYTONA BEACH - 100169	Hospital	301 MEMORIAL MEDICAL PKWY	DAYTONA BEACH	FL	32117	(386) 231-6000	362
ADVENTHEALTH DELAND - 100045	Hospital	701 W PLYMOUTH AVE	DELAND	FL	32720	(386) 943-4522	170
ADVENTHEALTH EAST ORLANDO - 100021	Hospital	7727 LAKE UNDERHILL RD	ORLANDO	FL	32822	(407) 303-8110	295

View results and export, print, or initiate a new search OR select a facility to view their Provider Profile



Provider Profile

ADVENTHEALTH CELEBRATION

[Back to Results](#)



[Print Hospital Quality Measures and Patient Safety Information](#)

[Get Directions](#)

Street Address

400 CELEBRATION PL
CELEBRATION, FL 34747
Phone: (407) 764-4000
County: Osceola

Mailing Address

900 HOPE WAY
ATTN: REGULATORY ADVOCACY
ALTAMONTE SPG, FL 32714-1502
County: Seminole

Website: <http://www.ADVENTHEALTHCELEBRATION.com>
Accredited by: DNV Healthcare

Emergency Actions:

None

AHCA Reports:

[Inspection Reports](#)
[Inspection Details](#)

Facility/Provider Type: Hospital

Chief Executive Officer: BRIAN ADAMS

Financial Officer: DOUGLAS HILLIARD

Owner/Licensee: ADVENTIST HEALTH SYSTEM/SUNBELT INC

Owner/Licensee Since: 6/13/1998

+ Controlling Interest for ADVENTIST HEALTH SYSTEM/SUNBELT INC

Profit Status: Not-For-Profit

Licensed Beds: 357

Bed Types:

Acute Care : 347

NICU Unit : 10

AHCA Number (File Number): 23960017

AHCA Field Office: 07

License Number: 4369

Current License Effective: 12/21/2022

Expires: 9/28/2023

License Status: LICENSED

Important links to Regulatory/ Compliance History and Inspection Reports

Expand to show controlling interest information



Profile Page: Comparing Quality and/or Pricing

Compare Quality and/or Pricing:

[Compare - Hospitals](#)

Services/Characteristics:

Classification :	Class 1 Hospital
Emergency Department :	Yes
Emergency Services :	Anesthesia, Burns, Cardiology, Cardiovascular Surgery, Colon & Rectal Surgery, Emergency Medicine, Endocrinology, Gastroenterology, General Surgery, Gynecology, Hematology, Hyperbaric Medicine, Internal Medicine, Nephrology, Neurology, Neurosurgery, Obstetrics, Ophthalmology, Oral/Maxillo-facial Surgery, Orthopedics, Otolaryngology, Plastic Surgery, Podiatry, Psychiatry, Pulmonary Medicine, Radiology, Thoracic Surgery, Urology, Vascular Surgery
Programs :	Comprehensive Stroke Center, Level 2 Adult Cardiovascular Services, Neonatal Intensive Care Unit Level II
Special Designation :	Statutory Teaching Hospital
Baker Act Receiving Facility :	No

Consumer Guides:

[A Patient's Guide to a Hospital Stay](#)

[Patient Safety](#)

[Health Care Advance Directives](#)



Compare Results: Hospital

Hospitals Summary

Time Period: April 2021-March 2022
 15 Day Readmission rate: January 2021-December 2021
 HCAHPS Time Period: October 2020-September 2021
 Infection Rate Time Period: October 2020-September 2021

Find facilities in your area Tallahassee, FL

LOCATION: SELECT RANGE: [Show Results](#) [Show All Facilities](#) [Advanced Search](#)

Summary
 HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems)

Facility / City	County	Total Hospitalizations	Sanctions / Final Orders	Healthcare Associated Infections						HCAHPS Summary Rating	Average Length of Stay	15 day Readmission Rate	View Quality Report Card	Care Bundling
				Catheter Associated Urinary Tract Infection (CAUTI)	Central-line Associated Bloodstream Infection (CLABSI)	Clostridium Difficile Infections (C. diff)	Methicillin-resistant Staphylococcus aureus (MRSA)	Surgical Site Infection from Colon Surgery (SSI-Colon)	Surgical Site Infection from Abdominal Hysterectomy (SSI-Hysterectomy)					
STATEWIDE RESULTS		2,695,520								N/A	5.1 Days	6.35%		
CALHOUN-LIBERTY HOSPITAL BLOUNTSTOWN	Calhoun	206	9	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4.8 Days	3.59%		

Time Period(s) for Displayed Data

Refine Search Area as Needed

Select Data Type

Sort by Column

Advanced Search Options

Statewide Averages for Benchmarking

Link to Detailed Quality Reports

Link to Price Estimates



Hospital Quality Measures

100112 CALHOUN-LIBERTY HOSPITAL

20370 NE BURNS AVENUE
BLOUNTSTOWN, FL 32424-0419

[Back to Results](#)

Overall Performance

		Statewide
Total Visits:	206	2695520
Risk Adjusted Average Length of Stay:	4.8 days	5.1 days
* 15-day Overall Readmission Rate:	3.59% (As Expected)	6.35%

* Time period for readmission data

Performance and Readmissions by Medical Condition or Procedure

Adults Ages 18+

- + Bones and Joints
- + Brain and Nervous System
- + Cancer
- + Diabetes/ Endocrinology/ Metabolism
- + General Medical Information
- + Heart and Circulatory System
- + Lungs
- + Surgery
- + Women's Health / Deliveries

+ Diabetes/ Endocrinology/ Metabolism

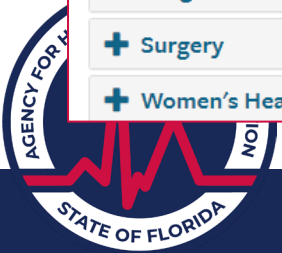
- General Medical Information

Procedure	Statewide	Facility	Risk Adjusted Average	
			Length of Stay	15-Day Readmission Rate
Acute Pancreatitis	17516	N/A	N/A	N/A
Cellulitis	27131	N/A	N/A	N/A
Convulsions (Seizures)	19378	N/A	N/A	N/A
Diverticulosis / Diverticulitis	18799	N/A	N/A	N/A
Gastrointestinal Hemorrhage	33684	N/A	N/A	N/A
Hypovolemia (Low Blood Volume)	7077	N/A	N/A	N/A
Inflammatory Bowel Disease	6415	N/A	N/A	N/A
Kidney Injury or Disease	48268	N/A	N/A	N/A
Migraine & Other Headaches	4328	N/A	N/A	N/A

AHRQ Patient Safety Indicators

- Patient Safety Indicators

Patient Safety Indicator	Statewide	Facility	Risk Adjusted Mortality
			Rate
Iatrogenic pneumothorax	1979072	204	0.00% (As Expected)
Postoperative hip fracture	1685410	197	0.00% (As Expected)
Postoperative pulmonary embolism or deep vein thrombosis	470261	N/A	N/A
Pressure ulcer (bed or pressure sore)	1346541	152	0.00% (As Expected)



Florida Health Price Finder

- Provides average negotiated rate among participating payers for 291 common medical services
- Based on paid health insurance claims
- Can be searched by service name or by county using the new map

FHPF Link:

<https://price.healthfinder.fl.gov/#!>



The screenshot shows the Florida Health Price Finder website. At the top, there is a navigation bar with the logo 'HEALTH PRICE FINDER HEALTH CARE TRANSPARENCY' on the left. To the right of the logo is a search bar with the placeholder text 'Search for a care bundle or test' and a 'Search' button. Further right is a dropdown menu currently showing 'Broward County'. On the far right of the navigation bar are two icons: one for 'Browse A-Z' and another for 'Choose County'. Below the navigation bar is a large hero section with a background image of a man speaking at a podium. The text in the hero section reads 'CONNECTING FLORIDIANS TO LOWER HEALTH CARE PRICES' and 'PATIENT SAVINGS ACT FOR FLORIDA'. Below the hero section is the title 'FloridaHealthPriceFinder'. Underneath the title is a paragraph: 'This website was developed by the Agency for Health Care Administration (AHCA) as a consumer-focused website that utilizes data from the Florida All-Payers Claims Database (APCD) to show prices of nearly 300 common services or "care bundles".' To the right of this paragraph is a large number '291' followed by the text 'The number of care bundles presenting events provided by qualified health care professionals.' Below this is a blue silhouette of the state of Florida. At the bottom of the page, there is a paragraph: 'Bundles include a detailed breakdown of the steps and costs of a procedure and related procedures. This is the information you need to be better informed about what lies ahead of you.' To the right of this paragraph is a blue icon of a dollar sign inside a square.

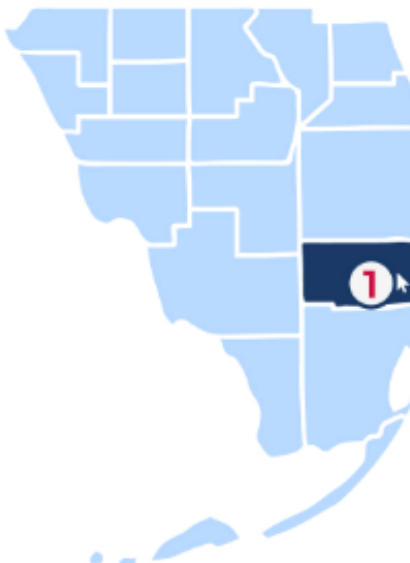
Florida Health Price Finder

HOW IT WORKS

With a simple search, you can use **FloridaHealthPriceFinder** to compare health procedure prices in Florida.

2 Locate Health Care Bundle Prices




County: Bundle Name:



Broward

\$3,096 Median Price **BROWARD - ABNORMAL UTERINE BLEEDING**
Hover over other counties to view same bundle pricing, if available.

Your Care Bundle
The care bundle includes the steps and procedures that are part of a typical treatment plan for that care bundle. Costs are broken out by step.

TOTAL	
NATIONAL	\$409  \$686
STATE (FL)	\$356  \$728
Broward County	\$392  \$832

3 [click to see more](#)

1 Hover over counties to see summary information including the number of bundles and the per member (PM) per month price.

2 Use the drop-downs to filter the map by county and bundle name and then click submit.

Locate Health Care Bundle Prices

County: Bundle Name:

3 Select "click to see more" within the results pane to see detailed care bundle information based on your selections.



Back Pain - Doctor Visit

CARE BUNDLE OVERVIEW

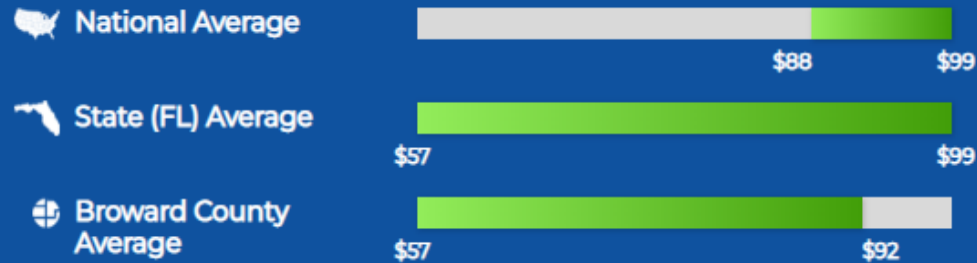
WHAT'S NEXT

RELATED CARE BUNDLES

Care Bundle Overview

A history, physical exam, evaluation, and treatment of back pain by a healthcare provider.

Cost Overview



Our prices are estimates based on an average and may not be your actual costs. Your costs may be higher or lower for a number of reasons. To find more on why your costs may be different than what we show, click [here](#).

There is no facility cost data available for this care bundle



Print



Data Files

Your Care Bundle

The care bundle includes the steps and procedures that are part of a typical treatment plan for that care bundle. Costs are broken out by step.

STEP 1

Back Pain - Doctor Visit

A visit with a primary care physician to evaluate your back pain and determine the best course of treatment



TOTAL



What's Next button provides:

- what a consumer can expect with this service,
- suggests questions to ask a provider, and
- How to prepare tips to positively affect the outcome

Service Cost Overview including national average, state average, and county average



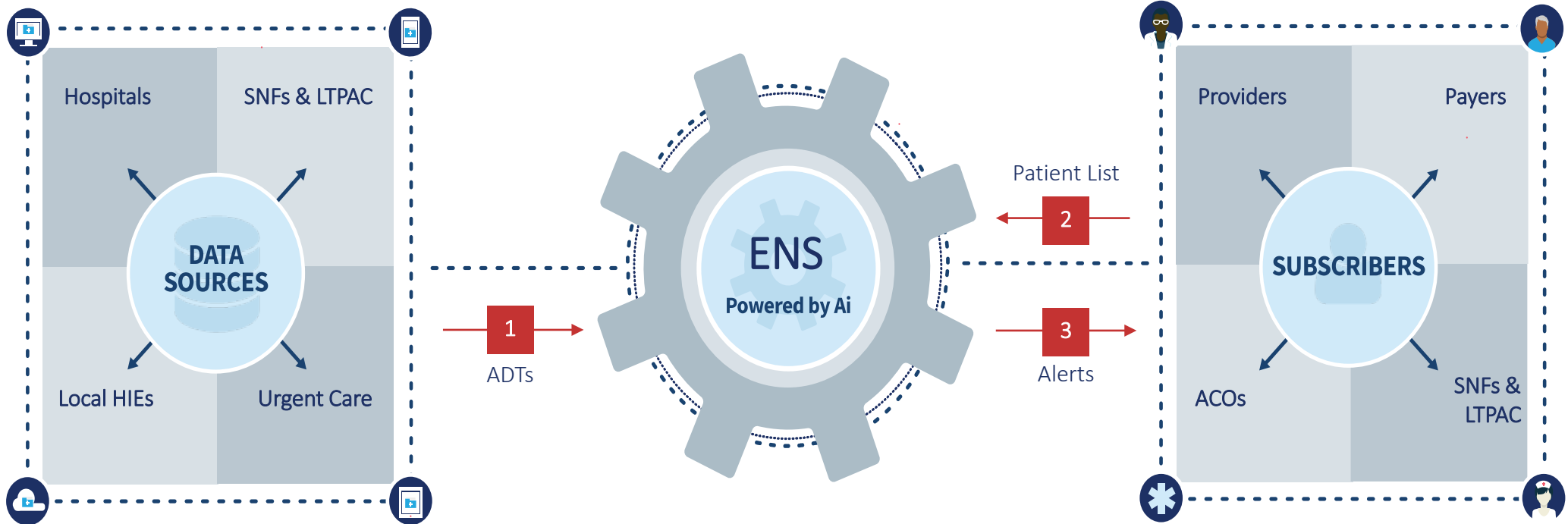
Florida Health Information Exchange (HIE)

- Created by the Agency in 2011 to facilitate secure, statewide exchange of health information between covered entities.
- The Agency governs the Florida HIE and contracts with Audacious Inquiry to manage the technical infrastructure and day-to-day operations. Primary services of the HIE include:
 - The Encounter Notification Service (ENS),
 - Query Services, and
 - Direct Messaging.
- No cost to the Agency; fees paid by participants to the vendor
 - Link to Florida HIE Services website: <https://florida-hie.net/>



Encounter Notification Service (ENS)

Provides real-time notice of patient health care encounters:



Data Sources (Hospitals, SNFs, and others) send real-time admit and discharge data to ENS.

ENS compares patient info between ADTs and patient lists and, if a match occurs, sends alerts to appropriate subscribers.

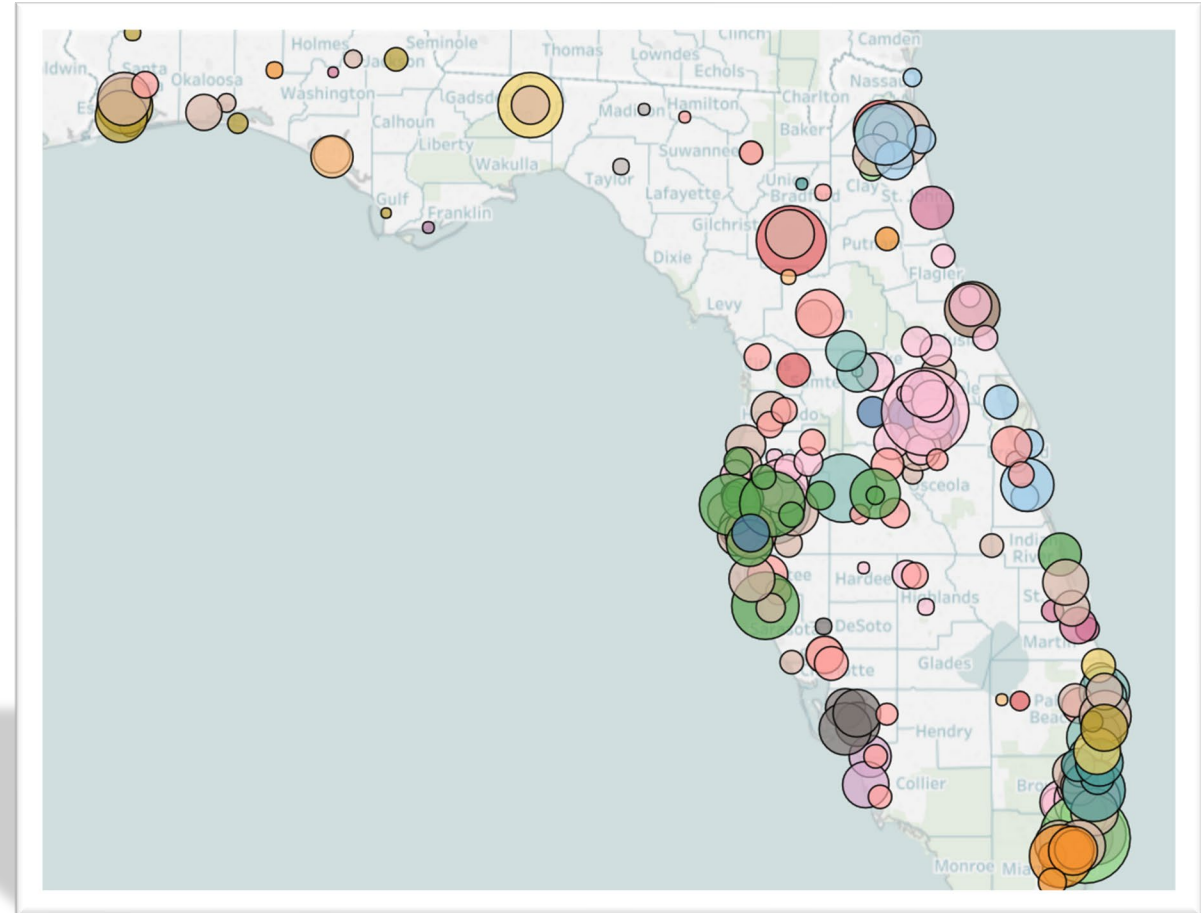
Subscribers (with patient consent) provide a list of patients on whom they wish to receive notifications. Lists are regularly refreshed.









ENS Data Sources

Over 700 participating data sources in Florida

- 95% of Licensed Acute Care Hospital Beds
- 89% of Rehabilitation Beds
- 225 Skilled Nursing Facilities
- 5 Crisis Stabilization Centers
- 70 Home Health Agencies
- 64 Urgent Care Centers
- Statewide EMS Treat-and-Release
- All 67 County Health Departments



ENS Benefits

-  Reduce hospital readmissions, ED visits, length of stay, and associated costs
-  Improve care coordination and transitions of care
-  Increase revenue & cost savings
-  Increase patient engagement and satisfaction
-  Improve quality of care and outcomes
-  Identify other providers involved in patient care

Medicaid Plans and many providers receive ENS alerts, which they use to:

- Learn when their patients are admitted to and discharged from a hospital, to better coordinate continued care and reduce preventable readmissions.
- Facilitate care coordination between health care organizations, including communication between Medicaid Plans, the hospital, and primary care providers.



Questions?

