Sickle Cell Disease

in Florida Medicaid

Biennial Report

November 1, 2024

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Section 1. Executive Summary

This biennial report, submitted pursuant to section 409.91235, Florida Statutes, provides an analysis of the medications, treatments, and services available to Florida Medicaid recipients with sickle cell disease (SCD). It presents data on the number of SCD cases, demographics, and healthcare utilization patterns for calendar years (CYs) 2022 and 2023, identifying total expenditures of $258.9 million over that time period for medical and pharmaceutical services. Key findings include high utilization of acute care services like emergency department visits and lower utilization of disease-modifying therapies like hydroxyurea. The report offers recommendations for improving access to essential diagnostic tests and treatments for people with SCD.

Section 2. Purpose of the Report

This report is submitted in accordance with section 409.91235, Florida Statutes, titled, F.S., "Agency review and report on medications, treatments, and services for sickle cell disease," which was enacted by the 2023 Florida Legislature and signed into law by Governor Ron DeSantis on June 19, 2023 (Chapter 2023-258, Laws of Florida). This report reflects work done by the Agency for Health Care Administration (Agency), in consultation with the Florida Medical Schools Quality Network (FMSQN) and the Foundation for Sickle Cell Disease Research, a dedicated sickle cell disease medical treatment and research center, to review and determine whether the available covered medications, treatments, and services are adequate to meet the needs of Medicaid recipients diagnosed with SCD and whether the Agency should seek to add additional medications, treatments, or services to improve outcomes.

Section 3. Total Number of Florida Medicaid Recipients Diagnosed with Sickle Cell Disease

The data for this report was sourced from the Florida Medicaid Data Warehouse, which provided claims and encounter data for Medicaid recipients. In CYs 2022 and 2023, the total number of Florida Medicaid recipients with a SCD diagnosis was 6,654 (Appendix A). Subtypes of SCD are shown in Appendix B. For the remainder of this report, the data presented pertains to Florida Medicaid recipients with SCD for CYs 2022 and 2023, unless otherwise specified.

Section 4. Age and Population Demographics

Among Florida Medicaid recipients with SCD, the age distribution was nearly equal between pediatric and adult populations (Figure 1). The number of children and adolescents with SCD younger than 21 years was 3,361. The number of adults with SCD 21-64 years was 3,137. The number of older adults with SCD 65 years or older was 156.

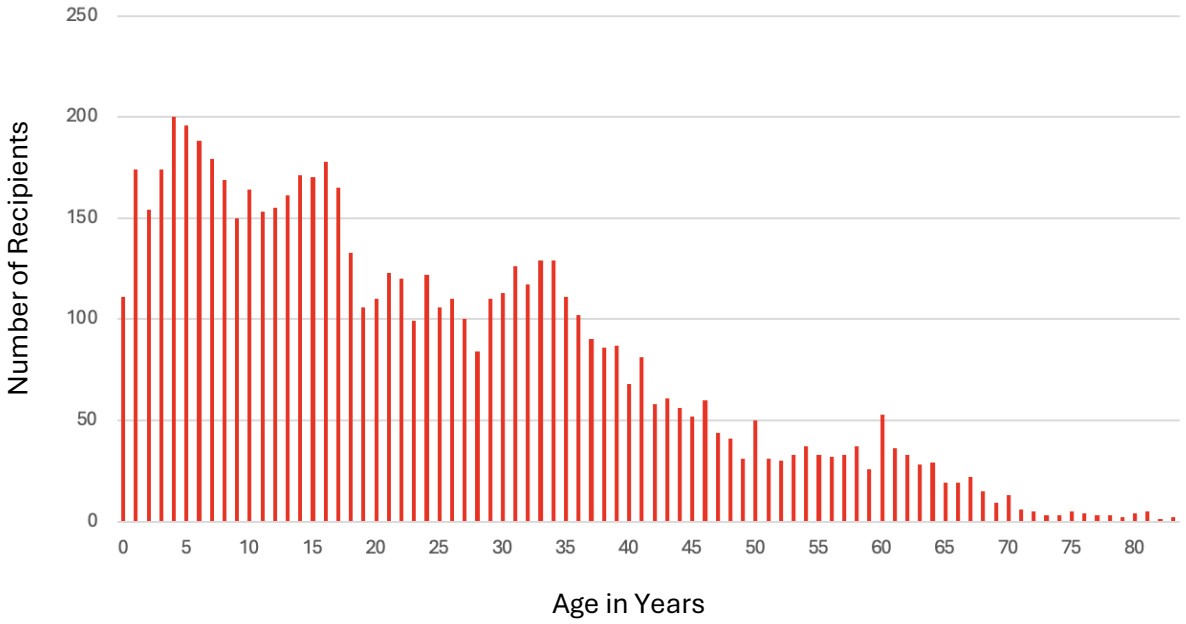

Figure 1. Age Distribution of Florida Medicaid Recipients with SCD in CY22-23.

Consistent with established knowledge about SCD, the majority of Florida Medicaid recipients with SCD self-reported as Black (n=3,939), followed by race Not Determined (n=1,789), other race (n=388), and White (n=119) (Figure 2). Approximately 6% (n=419) self-reported as having Hispanic ethnicity.

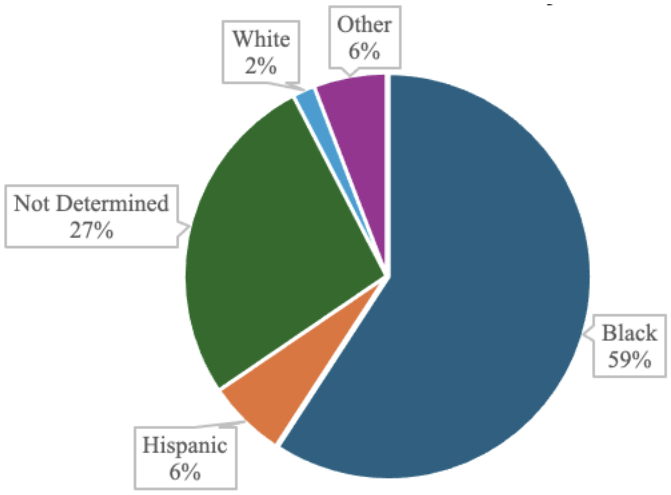

Figure 2. Race and Ethnicity of Florida Medicaid Recipients with SCD in CYs 2022 and 2023.

The highest number of Florida Medicaid recipients (28.9%) with a SCD diagnosis lived in Broward and Miami-Dade counties (Table 1). The next most prevalent areas for SCD were in the metropolitan areas of Tampa Bay, Orlando, and Jacksonville. The larger, rural geographies of the Panhandle (Regions 1 and 2) and Big Bend (Region 3) counties were home to 13.8% of the SCD population.

Table 1. Number of Florida Medicaid Recipients with SCD by Agency Region and Counties.

AHCA Region in CYs 2022 and 2023	AHCA Region Effective 2025	Counties	Number of SCD Individuals	Percent of SCD Population
1	A	Escambia, Okaloosa, Santa Rosa and Walton	153	2.3%
2	A	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington	317	4.8%
3	B	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union	447	6.7%

4	B	Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia	705	10.6%
5	C	Pasco and Pinellas	325	4.9%
6	D	Hardee, Highlands, Hillsborough, Manatee and Polk	904	13.6%
7	E	Brevard, Orange, Osceola and Seminole	900	13.5%
8	F	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota	261	3.9%
9	G	Indian River, Martin, Okeechobee, Palm Beach and St. Lucie	708	10.6%
10	H	Broward	952	14.3%
11	I	Miami-Dade and Monroe	969	14.6%

Section 5. Health Care Utilization Patterns and Medicaid Expenditures

In CYs 2022 and 2023, the total expenditure for Florida Medicaid recipients with SCD was $258,959,521. The average total annual cost of care for a Florida Medicaid recipient with SCD ($19,459) was more than double (2.2) the average spend for a recipient ($8,757) in the Medicaid population overall (Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP data book, published 2023). Medical expenditures made up 71% ($184,799,519), while pharmaceutical expenditures were 29% ($74,160,002).

5.1 Medical Expenditures

Due to unpredictable and painful episodes of vaso-occlusive crises (VOCs), which occur when sickle-shaped cells obstruct blood vessels in bones and other vital organs, people with SCD have health care utilization patterns characterized by high rates of emergency department (ED) visits and hospital admissions (Table 2). During CYs 2022 and 2023, 5,033 Florida Medicaid recipients with SCD (76% of total SCD population) utilized emergency department (ED) services, leading to total ED expenditures of $6,773,593 and an average ED expenditure of $1,346 per recipient. Per-recipient ED expenditures varied significantly, as reflected by a standard deviation of $4,701, indicating substantial variability in ED service utilization and the presence of outliers who used more services than the average patient. Among Florida Medicaid recipients with SCD, 55% (n=3,658) were hospitalized at least once at a total hospital

expenditure of $89,132,181 and an average hospitalization expenditure of $24,366 per recipient (standard deviation $47,981).

Table 2. Medical Expenditures of Florida Medicaid Recipients with SCD in CYs 2022 and 2023.

Expenditure	Total	Per Recipient Amount	Percent of SCD Population Utilizing the Service
Emergency Department (ED)	$6,773,593	$1,346	76%
Inpatient Hospitalization	$89,132,181	$24,366	55%
Outpatient Clinic	$32,233,458	$5,485	88%
Telehealth and Home Services	$16,674,665	$6,834	37%

SCD patients typically require frequent outpatient clinic visits to prevent and manage recurrent VOCs, infections, strokes, kidney insufficiency, blindness, and other end-organ damage. Among all Florida Medicaid recipients with SCD, 88% (n=5,877) were seen at least once in an outpatient clinic at a total outpatient expenditure of $32,233,458 and an average expenditure of $5,485 per recipient (standard deviation $13,930). Telehealth and home services were used by 37% (n=2,440) SCD individuals at a total expenditure of $16,674,665 and an average per-recipient expenditure of $6,834 in CY 2022 and 2023 (standard deviation $53,822). Home services included medical services such as physical therapy that recipients received in their home rather than in institutions.

Because children with SCD are at increased risk of stroke, clinical guidelines from the National Heart, Lung, and Blood Institute (NHLBI) recommend annual transcranial Doppler ultrasound screenings to detect obstructed blood flow in the brain between the ages of 2 and 16 years old. During CYs 2022 and 2023, there were 2,562 Florida Medicaid recipients aged 2 to 16 years old with an SCD diagnosis, of which 870 (34%) had at least one transcranial Doppler ultrasound screening.

5.2 Pharmaceutical Expenditures

In CYs 2022 and 2023, there were 5,319 SCD patients (80% of all SCD patients) who had a pharmaceutical claim and averaged 29.4 pharmaceutical claims per recipient. In total, there were 156,186 pharmaceutical claims among the 5,319 SCD patients with an average cost per claim of $475.

Pharmaceutical utilization patterns among Florida Medicaid recipients with SCD reflect the complexity of managing this chronic condition. Hydroxyurea, a key disease modifying therapy which prevents the formation of sickle-shaped red blood cells and is proven to reduce the frequency of painful VOCs and hospitalizations, was prescribed and filled in 21% (n=1,429) of Florida Medicaid recipients with SCD. Challenges with hydroxyurea usage include patient concerns about side effects, lack of awareness of the benefits and appropriate use of hydroxyurea by patients and physicians, and accessing consistent hematology specialty care for medication management.

Additionally, opioids and non-steroidal anti-inflammatory drugs (NSAIDs) are frequently prescribed to manage painful VOCs, bone infarctions, spleen and liver pains from blocked blood vessels, leg ulcers, and neuropathic pain from long-term effects of repeated VOCs and tissue ischemia. Among Florida Medicaid recipients with SCD, 24% (n=1,630) received the opioid, oxycodone, and 16% (n=1,101) received the opioid, hydrocodone.

Children with SCD are at an increased risk of life-threatening infections, particularly from encapsulated bacteria like *Streptococcus pneumoniae*, due to compromised blood flow in the spleen. As a result, prophylactic penicillin is indicated to reduce severe infections, especially during early childhood. This preventive measure was prescribed and filled for 972 (15%) recipients.

The introduction of newer therapies, such as L-glutamine, has expanded treatment options but their use is limited due to evolving clinical experience. L-glutamine may help SCD patients by increasing the production of a healthier form of hemoglobin, which reduces the sickling of red blood cells, improves blood flow, and lowers the risk of VOCs. L-glutamine is on Florida Medicaid's preferred drug list (PDL) but was only prescribed and filled for 119 (2%) SCD patients.

Gene therapies for SCD were approved by the United States Food and Drug Administration (FDA) on December 8, 2023. Since this report examined data from CYs 2022 and 2023, it does not include any Medicaid-paid claims for SCD gene therapy.

Section 6. High Utilizers of Acute Care Services

6.1 Number of High Utilizers

In CYs 2022 and 2023, 4,323 Florida Medicaid recipients with SCD were high utilizers, defined as Medicaid recipients SCD who experienced two or more ED visits or two or more hospital inpatient admissions in a 12-month period.

Geographically, there was a higher prevalence (72%) of SCD high utilizers of acute care services in the Big Bend area (Region 3) compared to other regions in the state (Table 3). Miami-Dade and Monroe counties had the lowest prevalence (59%) of SCD patients with high utilization of acute care services.

Table 3. Percent of Florida Medicaid Recipients with SCD who had High Utilization of Acute Care Services by AHCA Region in CYs 2022 and 2023. Only recipients with confirmed geographic data are displayed.

AHCA Region in CYs 2022 and 2023	AHCA Region Effective 2025	Number of High Utilizers	Number SCD Patients	% High Utilizers
1	A	101	153	66%
2	A	199	317	63%
3	B	323	447	72%
4	B	478	705	68%
5	C	220	325	68%
6	D	616	904	68%
7	E	582	900	65%
8	F	165	261	63%
9	G	428	708	60%
10	H	629	952	66%
11	I	573	969	59%

6.2 Length of Stay

Among hospitalized SCD patients, 68% (n=13,275) of hospitalizations were for less than one week, the median length of stay (LOS) was 4 days, the average LOS was 28 days, and the standard deviation was 132 days, indicating wide variation in lengths of stay and the presence of outliers in the SCD population.

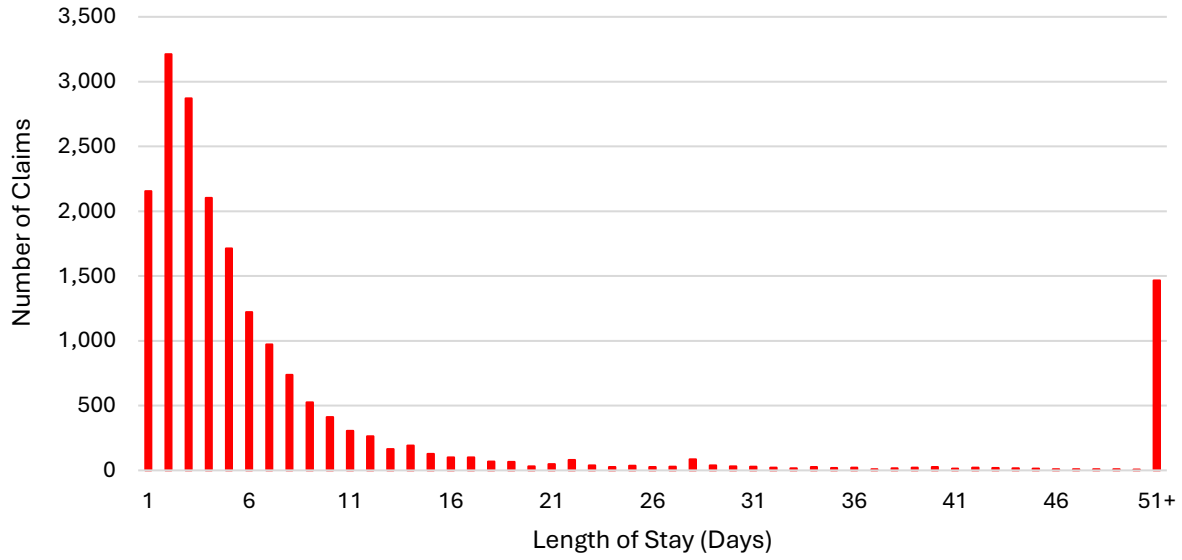

Figure 3. Number of Inpatient Claims by Length of Stay for Florida Medicaid Recipients with SCD in CYs 2022 and 2023.

6.3 Expenditures of High Utilizers

Florida Medicaid SCD patients with high utilization of services had total expenditures of $224,965,917 in CYs 2022 and 2023, which was 87% of total expenditures for the entire Florida Medicaid SCD population in the same period.

The total medical expenditure for the high utilizer group was $163,345,588, or 88% of medical claims for the entire Florida Medicaid SCD population. Most of which consist of hospital admission costs.

The total pharmaceutical expenditure for the high utilizer group was $61,620,329 or 83% of pharmaceutical claims for the entire Florida Medicaid SCD population. In the high utilizer group, disease modifying therapies such as hydroxyurea accounted for the highest pharmaceutical

expenditure (62%), which indicates that the underlying disease pathology, rather than pain management, was the primary driver of costs.

Section 7. Sickle Cell Disease Clinical Treatment Programs

Nine SCD clinical treatment programs were identified in Florida (Table 3). All of which were in the provider networks of the Statewide Medicaid Managed Care (SMMC) health plans (Appendix C). Six of the nine programs earned national designation as a sickle cell clinical treatment program by the National Alliance of Sickle Cell Centers (NASCC) (Table 4 and Figure 4). Designation by the NASCC is based on consensus standards and recommendations for routine care and monitoring of patients with SCD. Three of the nine programs were identified by the FMSQN as not yet designated by the NASCC but still providing multidisciplinary care for patients with SCD (Table 3).

Table 4. Florida Sickle Cell Disease Clinical Treatment Programs.

FL SCD Treatment Programs	AHCA Region(s) in CYs 2022 and 2023	AHCA Region Effective 2025	Pediatric	Adult	NASCC Designated SCD Center	FMSQN Identified Center for SCD
Foundation for SCD Research, Hollywood, FL	10	H	X	X	X	X
Johns Hopkins All Children's Hospital, St. Petersburg, FL	5	C	X		X	X
Memorial Healthcare, Hollywood, FL	10	H	X	X	X	X
Moffitt Cancer Center, Tampa, FL	6	D		X		X

Nemours Clinic Jacksonville	4	B	X		X	X
Orlando Arnold Palmer	7	E	X			X
University of Florida: Gainesville and Jacksonville	3, 4	B	X	X	X	X
University of Miami	11	I	X	X	X	X
University of South Florida, Tampa, FL	6	D	X	X		X

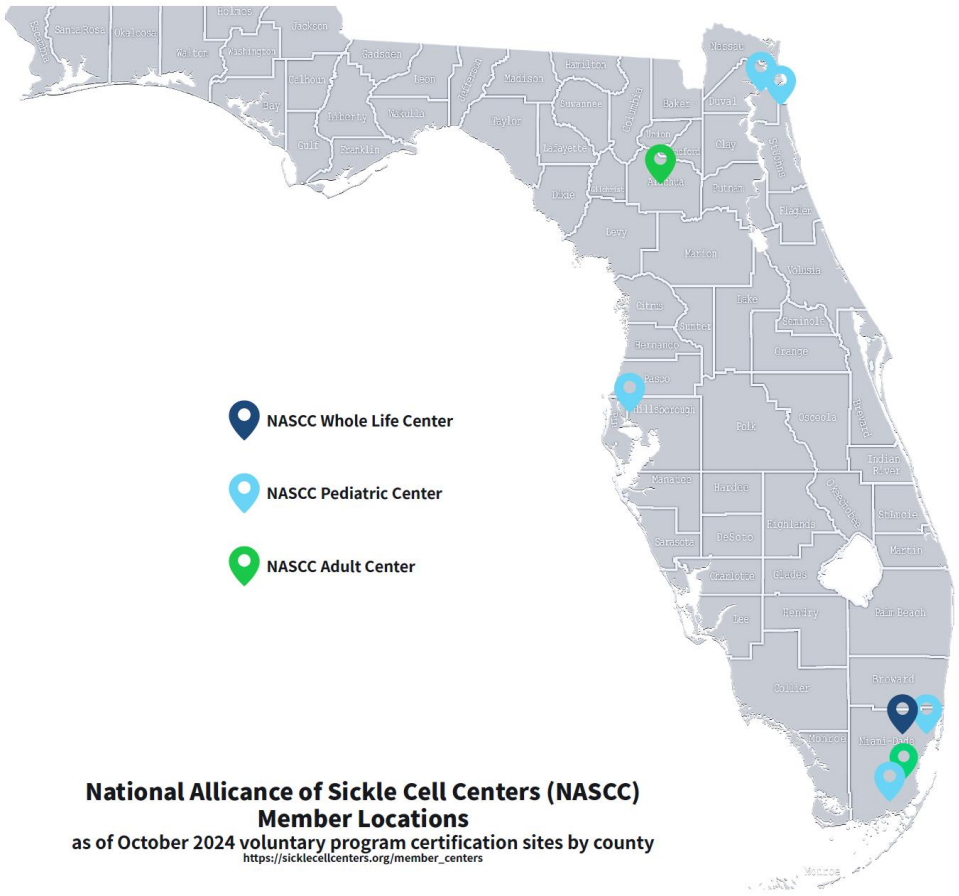

Figure 4. Map of Florida Sickle Cell Disease Clinical Treatment Program Designated by the National Alliance of Sickle Cell Centers.

Section 8. Inpatient Payment Methodology

Section 409.91235, Florida Statutes, F.S., directs the Agency to assess its existing payment methodologies for approved treatments or medications for the treatment of sickle cell disease in the inpatient setting and whether such payment methodologies result in barriers to access.

The Agency uses bundled payment methodologies, particularly through All Patient Refined Diagnostic-Related Group (APR-DRG) payments for care delivered in the inpatient setting. For SCD patients, the APR-DRG method includes the specific base DRG 662, “sickle cell anemia crisis,” with four levels of clinical case severity. The APR-DRG method sets payment rates based on the average inpatient treatment cost for the specific disease. APR-DRG payments standardize reimbursement for inpatient care based on the primary diagnosis, severity of the patient’s condition, and location of treatment, such as rural hospitals, which receive higher payments. The payment rate is also adjusted for extreme treatment costs outside of the standard DRG payment when a particularly costly outlier patient is treated, thereby limiting hospital risk for treating complex patients.

No data was presented indicating that this payment methodology resulted in barriers to accessing approved SCD treatments or medications.

Section 9. Recommendations

The Agency surveyed the SMMC health plans for their utilization management policies on best practices and treatments for individuals with SCD (Table 5). No claim denial data were analyzed.

Table 5. Utilization Management Summary and Recommendations for Florida Medicaid Recipients with SCD. PA means prior authorization, and VOC represents vaso-occlusive crisis. * Potential budget implications have not been evaluated.

Health Care Service	Utilization Management Summary	Recommendation
Transcranial Doppler Ultrasound screening	7 plans did not require PA, 1 plan	No change.

	required PA for out-of-network providers	
Echocardiogram	5 plans did not require PA, 3 plans required PA	Examine PA requirement for SCD patients. Patients with SCD develop cardiomegaly and diastolic dysfunction. Patients should have evaluation when symptomatic or with chronic anemia.
Pulmonary function tests	6 plans did not require PA, 2 plans required PA for out-of-network providers	No change.
Port placement < 5 years old	7 plans did not require PA, 1 plan required PA for out-of-network providers	No change.
Port placement > 5 years old	7 plans did not require PA, 1 plan required PA for out-of-network providers	No change.
Sleep study	1 plan covered all related procedure codes with no PA	Examine PA requirement for SCD patients. Consider adding additional sleep study test codes to fee schedule.* Patients with SCD often have obstructive sleep apnea. If undiagnosed and untreated, this will result in more frequent pain episodes, brain impairment from hypoxia, and other associated morbidities.
Magnetic Resonance Imaging (MRI) of the brain	1 plan did not require PA, 7 plans required PA	Examine PA requirement for SCD patients. The National Alliance of Sickle Cell Centers and the American Society of Hematology recommend at least one brain MRI and MRA in a lifetime for individuals with SCD. Both a brain MRI and MRA are needed for proper evaluation for silent infarct and stroke (MRI) and for cerebral vasculopathy (MRA).
Magnetic Resonance Angiogram (MRA) of the brain	1 plan did not require PA, 7 plans required PA	Examine PA requirement for SCD patients. The National Alliance of Sickle Cell Centers and the American Society of Hematology recommend at least one brain MRI and MRA in a lifetime for individuals with SCD. Both a brain MRI and MRA are needed for proper evaluation for silent infarct and stroke (MRI) and for cerebral vasculopathy (MRA).
Neurocognitive testing	4 plans did not require PA, 4 plans required PA	Examine PA requirement for SCD patients.

Mental health counseling in medical office	4 plans did not require PA, 3 plans required PA, 1 plan provided no information	Examine PA requirement for SCD patients. Allow mental health therapists to provide counseling in medical offices and outside of community mental health clinics.
Specialized care and nursing team/medical team conferences for patient care planning	7 plans did not require PA, 1 plan required PA for out-of-network providers	No change.
Primary care provider in-person encounters for evaluation and management codes	7 plans did not require PA, 1 plan required PA for out-of-network providers, 1 plan had an age maximum of 20 years	No change to PA requirements. Remove age maximum. SCD patients of all ages require frequent visits with primary care providers to prevent and treat VOCs and other complications from SCD.
Pain management specialist consultation/ written pain management protocol for patient	6 plans did not require PA, 2 plans required PA	Examine PA requirement for SCD patients. A pain specialist is a basic need for patients with SCD, especially those with VOCs and chronic pain.
Transfusions/apheresis, diagnostic labs	6 plans did not require PA, 2 plans required PA	Examine PA requirement for SCD patients. Transfusions, apheresis, and diagnostic labs are frequently required for basic care of SCD patients.
Intravenous (IV) infusions	4 plans did not require PA, 4 plans required PA	Examine PA requirement for SCD patients. Patients with SCD require IV hydration to prevent and manage pain.
Hydroxyurea	2 formulations on preferred drug list (PDL) required automatic PA for SCD patients	No change.
Hydroxyurea therapeutic drug level monitoring	1 plan did not require PA, 3 plans required PA, 4 plans provided no information	Examine PA requirement for SCD patients. Consider adding therapeutic drug monitoring codes to fee schedule.*
Hematopoietic Cell Transplant, Stem Cell Transplant	1 plan did not require PA, 7 plans required PA	No change.
Blood exchange (Erythrocytapheresis)	5 plans did not require PA, 3 plans required PA	Examine PA requirement for SCD patients. Erythrocytapheresis is indicated for SCD patients with acute stroke, those requiring surgery, those with high iron levels, and those who simple transfusion is inadequate.
Gene therapy	1 plan did not require PA, 3 plans required PA, 4 plans provided no information	No recommendation.

Obstetrics, gynecology, and reproductive services	2 plans did not require PA, 6 plans required PA on some services	No recommendation.
Oral contraceptives (SCD patients and parents of SCD patients)	7 plans did not require PA, 1 plan required PA for out-of-network providers	No change.
Physical therapy	1 plan did not require PA, 7 plans required PA and had some coverage limits	No recommendation.
Occupational therapy	1 plan did not require PA, 7 plans required PA and had some coverage limits	No recommendation.
Genetic counseling	3 plans did not require PA, 4 plans required PA, 1 plan did not cover	Examine PA requirement for SCD patients. Consider adding genetic counseling code 96040.* SCD is a genetic disease. Families should be fully informed of inheritance patterns, potential health complications, and counseling for family planning.
Nutritionist (for parents and patient)	4 plans did not require PA, 4 plans required PA or had cap on services	Examine PA requirement for SCD patients. Nutritionist assessment is needed for all SCD patients, with special attention to hydration because dehydration leads to VOCs.

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Appendix A - Methods

Method for Case Ascertainment

Florida Medicaid recipients with two or more non-pharmaceutical claims for a SCD diagnosis in CYs 2018 through 2023 were included in the study. The ICD-10 codes are listed in Table 6. Recipients with sickle cell trait (D57.3) were excluded. In addition, recipients must have been continuously enrolled in Florida Medicaid for CYs 2022 and 2023, except for recipients with a date of birth in CYs 2022 and 2023 who had to be enrolled from date of birth through CY 2023.

Table 6. ICD-10 Codes and Descriptions for Case Finding.

ICD-10 Code	Description
D57.0	Hemoglobin S Disease (Hb-SS) with crisis
D57.00	Hb-SS with crisis
D57.01	Hb-SS with acute chest syndrome
D57.02	Hb-SS with splenic sequestration
D57.03	Hb-SS with cerebral vascular involvement
D57.09	Hb-SS disease with crisis with other specified complication
D57.1	Sickle-cell disease without crisis
D57.2	Sickle-cell/Hemoglobin C (Hb C) disease
D57.20	Sickle-cell/Hb C disease without crisis
D57.21	Sickle-cell/Hb C disease with crisis
D57.4	Sickle-cell thalassemia
D57.41	Sickle-cell thalassemia, unspecific, with crisis
D57.42	Sickle-cell thalassemia beta zero without crisis
D57.43	Sickle-cell thalassemia beta zero with crisis
D57.44	Sickle-cell thalassemia beta plus
D57.45	Sickle-cell thalassemia beta plus with crisis
D57.8	Other sickle-cell disorders
D57.80	Other sickle-cell disorders without crisis
D57.81	Other sickle-cell disorders with crisis

Appendix B – Subtypes of SCD

Table 7. Sickle Cell Disease Subtypes in Florida Medicaid, CY22-23.

SCD Subtype	Description of Subtype	Number of Recipients
Hb SS	HbSS disease is the most common type of sickle cell disease, affecting 65% of people with SCD. It occurs when a person inherits one gene for hemoglobin S from each parent, replacing both beta-globin subunits in hemoglobin.	3,178
Hb SC	People with Hb SC disease have two abnormal beta chains, βS and βC, and two normal alpha (α) chains. Hb SC disease is a mild to moderate form of sickle cell anemia.	2,339
SB0 thalassemia	Sβ0-Thalassemia is caused by inheriting hemoglobin S (sickle hemoglobin) from one parent and thalassemia from the other. The "zero" in the name indicates that the blood has no normal hemoglobin.	127
SB+ thalassemia	People with HbS β+thal have an abnormal hemoglobin called hemoglobin S, along with a small amount of normal hemoglobin called hemoglobin A. The "plus" in the name indicates that the blood has less than normal amounts of normal hemoglobin.	80
S-other	S-other sickle cell disease are rare types of mild sickle cell disease, such as SO Arab, SD-Punjab, S Lepore, and SE disease.	789
Unspecified		4,817

Health care providers associated some recipients with more than one subtype in CY22-23.

Appendix C – Florida Sickle Cell Clinical Treatment Programs

Table 8. Florida Sickle Cell Clinical Treatment Programs in Statewide Medicaid Managed Care Provider Networks.

Program Name	Plan Name
JOHNS HOPKINS ALL CHILDRENS HOSPITAL	Children's Medical Services (CMS) [Specialty Plan]
	Clear Health Alliance [Specialty Plan]
	Humana Healthy Horizons
	Molina Healthcare [Specialty Plan]
	Simply Healthcare Plan
	Sunshine Child Welfare [Specialty Plan]
	Sunshine Health
H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE HOSPITAL	Aetna Better Health
	Florida Community Care
	Humana Healthy Horizons
	Simply Healthcare Plan
	Sunshine Health
	United Healthcare
	Children's Medical Services (CMS) [Specialty Plan]
	Clear Health Alliance [Specialty Plan]
	Sunshine Child Welfare [Specialty Plan]
NEMOURS CHILDREN'S HOSPITAL, FLORIDA	Humana Healthy Horizons
	Sunshine Health
	United Healthcare
	Children's Medical Services (CMS) [Specialty Plan]
	Clear Health Alliance [Specialty Plan]
	Molina Healthcare [Specialty Plan]
	Sunshine Child Welfare [Specialty Plan]
ARNOLD PALMER MEDICAL CENTER	AmeriHealth
	Children's Medical Services (CMS) [Specialty Plan]
	Florida Community Care
	Florida Community Care IDD Program
	Humana Healthy Horizons
	Molina Healthcare
	Molina Healthcare [Specialty Plan]
	Simply Healthcare Plan
	Sunshine Child Welfare [Specialty Plan]
	Sunshine Health
	Sunshine Health [Specialty Plan]
	United Healthcare

University Of Florida: Gainesville	FCC
	Humana
	Sunshine
	United
	CMS
	Clear Health Alliance [Specialty Plan]
	Molina SMI
	Sunshine CW
UNIVERSITY OF FLORIDA JACKSONVILLE PHYSICIANS, INC.	Florida Community Care
	Humana Healthy Horizons
	Sunshine Health
	United Healthcare
	Children's Medical Services (CMS) [Specialty Plan]
	Clear Health Alliance [Specialty Plan]
	Molina SMI
	Sunshine Child Welfare [Specialty Plan]
University of Miami	AmeriHealth
	FCC
	Humana
	Molina
	Simply Healthcare Plan
	Sunshine
	United
	CMS
	Clear Health Alliance [Specialty Plan]
	Sunshine CW
University of South Florida	Aetna Better Health
	Florida Community Care
	Humana Healthy Horizons
	Simply Healthcare Plan
	Sunshine Health
	United Healthcare
	Children's Medical Services (CMS) [Specialty Plan]
	Clear Health Alliance [Specialty Plan]
	Sunshine Child Welfare [Specialty Plan]
Foundation for Sickle Cell Research	AmeriHealth
	FCC
	Humana
	Molina
	Simply Healthcare Plan
	Sunshine
	United
	CMS
	Clear Health Alliance [Specialty Plan]
	Sunshine CW