

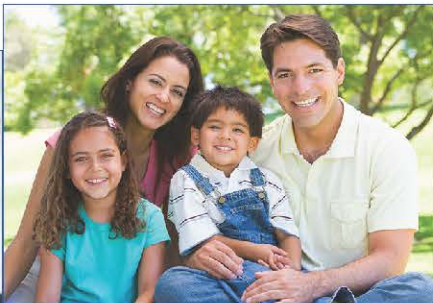


AGENCY FOR HEALTH CARE ADMINISTRATION

SFY 2018–2019

External Quality Review Technical Report

JUNE 2020



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ADHD.....	Attention-Deficit/Hyperactivity Disorder
AHCCCS.....	Arizona Health Care Cost Containment System
AMP.....	Adolescents on Anti-Psychotics
AOD.....	Alcohol or Other Drug
BMI.....	Body Mass Index
CFR.....	Code of Federal Regulations
CMS.....	Centers for Medicare & Medicaid Services
ED.....	Emergency Department
EQR.....	External Quality Review
EQRO.....	External Quality Review Organization
FAR.....	Final Audit Report
FFS.....	Fee-for-Service
HCBS.....	Home and Community-Based Services
HEDIS®*.....	Healthcare Effectiveness Data and Information Set
HSAG.....	Health Services Advisory Group, Inc.
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
MMA.....	Managed Medical Assistance
MRRV.....	Medical Record Review Validation
NAS.....	Neonatal Abstinence Syndrome
NCQA.....	National Committee for Quality Assurance
PIHP.....	Prepaid Inpatient Health Plan
PAHP.....	Prepaid Ambulatory Health Plan
PCP.....	Primary Care Practitioner
PIP.....	Performance Improvement Plan
PMV.....	Performance Measure Validation
PPE.....	Potentially Preventable Events

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



R.Y.....Reporting Year
QI.....Quality Improvement
SFY.....State Fiscal Year
SMMC.....Statewide Medicaid Managed Care

Executive Summary



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) 2018–2019 External Quality Review Technical Report of Results, prepared for the Florida Agency for Health Care Administration (AHCA), 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 AHCA, 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.

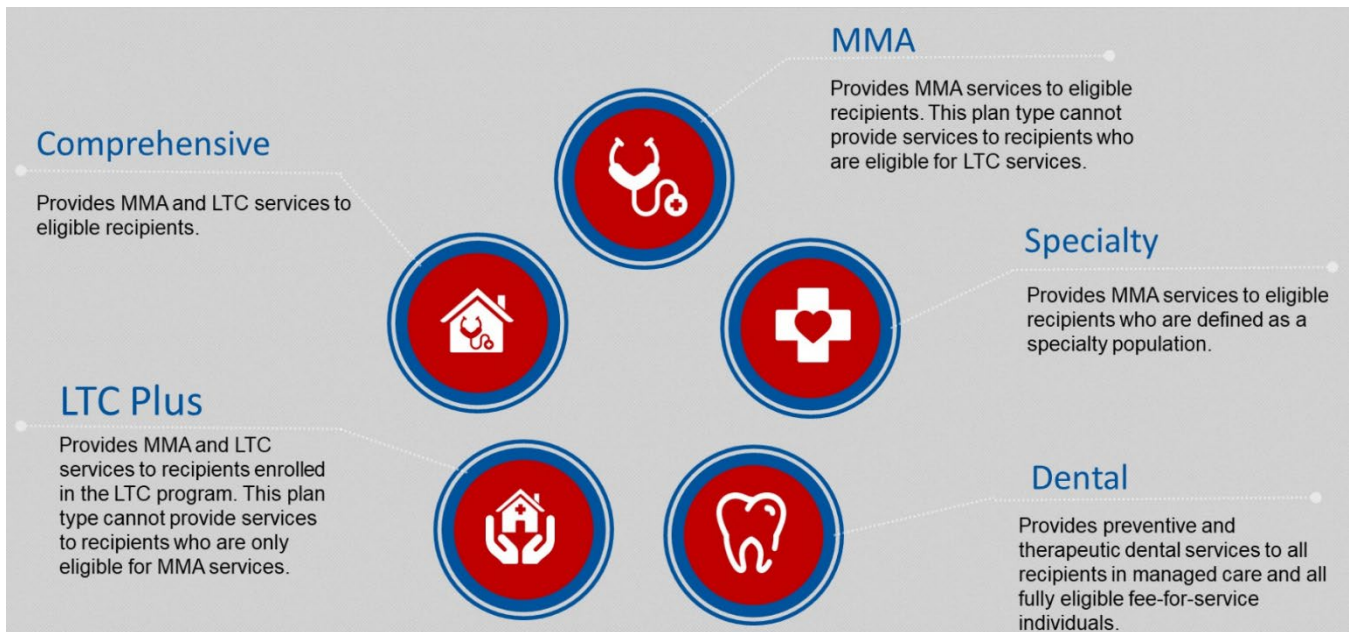
		
Quality	Access	Timeliness
<p>as it pertains to the external quality review (EQR), means the degree to which an MCO, prepaid inpatient health plan (PIHP), prepaid ambulatory health plan (PAHP), or primary care case management (PCCM) entity (described in §438.310(c)(2)) increases the likelihood of desired 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</p>	<p>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</p>	<p>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).</p>
<p>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.</p> <p>² Ibid.</p> <p>³ National Committee for Quality Assurance. <i>2013 Standards and Guidelines for MBHOs and MCOs</i></p>		

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 (also referred to as the Florida Agency for Health Care Administration [AHCA]) initiated a competitive procurement (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 below.

Figure 1-1—Florida Plan Types



Please see Appendix A for a list of the SMMC plans.

The Florida Legislature directed AHCA to implement a separate dental managed care component of the SMMC program. On October 16, 2017, AHCA 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. Like SMMC plans, dental plans have five-year contracts (contract term through September 2023). AHCA selected three dental plans to operate statewide, with each dental plan operating in all 11 regions of the state.

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

Implementation of the new 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 2019 were as follows:

- Approximately 2.8 million were enrolled in an MMA Standard plan.
- Approximately 100,000 were enrolled in an MMA Specialty plan.
- Approximately 111,000 were enrolled in an LTC plan.

Quality Strategy

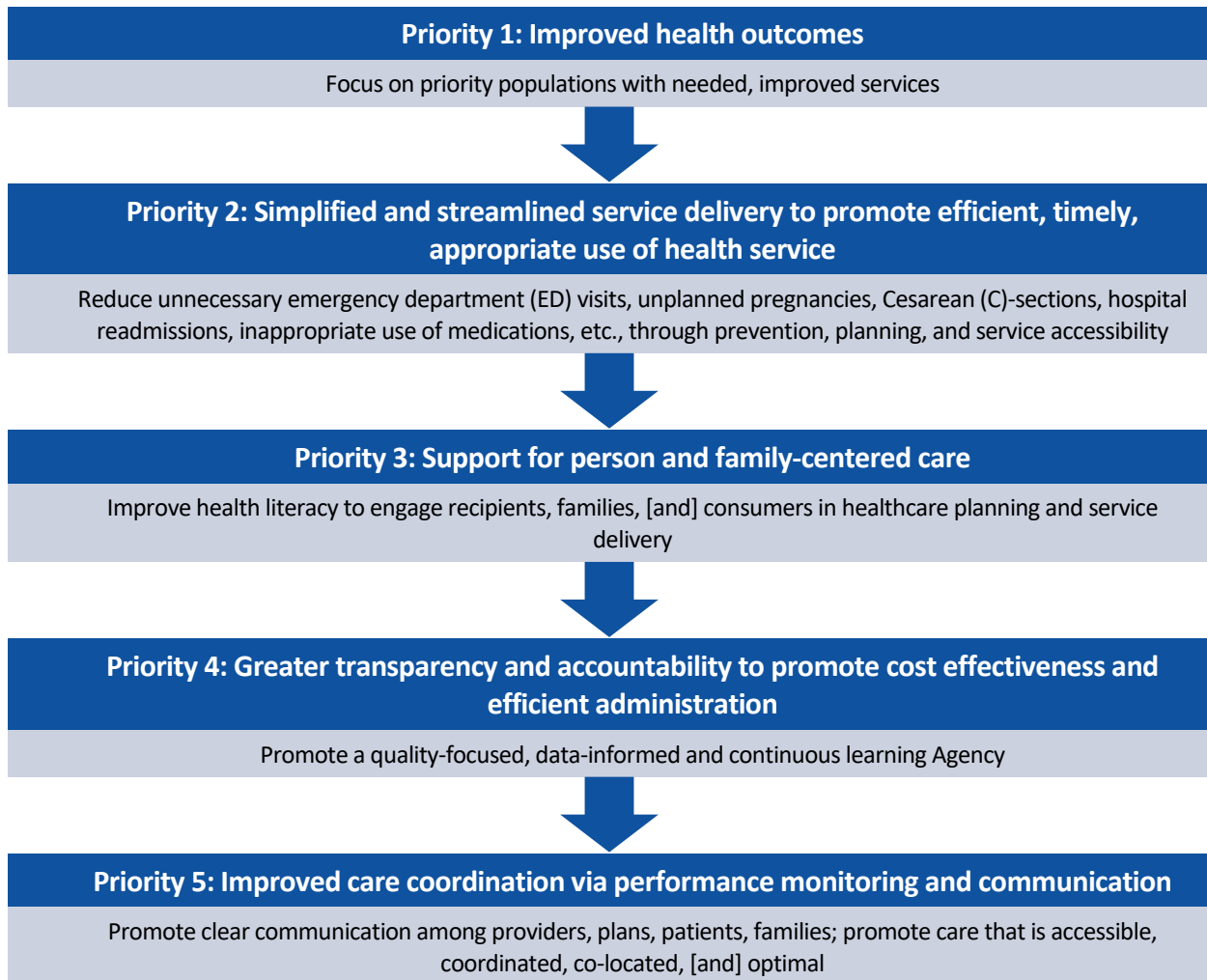
Part of AHCA's mission is to promote better healthcare for all Floridians. AHCA's Comprehensive Quality Strategy (Quality Strategy) 2017 documents priorities and goals that guide the design for delivery of Medicaid services in Florida via AHCA, its contracted plans, and their service providers. This strategy also forms an integrated framework to guide improvement of the various elements of service delivery. AHCA's primary focus is to improve health quality while streamlining processes and providing transparency and accountability for all functions. The Quality Strategy outlines AHCA's priorities and goals for the Florida Medicaid program, includes methods and metrics for assessing program performance, describes performance improvement activities and results, and highlights achievements and opportunities.

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.

HSAG crosswalked AHCA's Quality Strategy with the CMS requirements and found that AHCA's Quality Strategy met the requirements of 42 CFR §438.340.

In line with the CMS goals in its quality strategy, AHCA outlined five priorities for Florida Medicaid for SFY 2018–2019. 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. AHCA 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. AHCA considers health disparities in the development and implementation of all quality improvement (QI) initiatives.

Figure 1-2—Five Priorities and Corresponding Goals¹⁻¹



¹⁻¹ 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 health and dental plans, AHCA conducted MCO readiness reviews in SFY 2018–2019. CMS deemed the readiness reviews as part of AHCA’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 2012.¹⁻² Additionally, AHCA 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, AHCA selected a team of Agency staff that were tasked with the planning that was started in SFY 2018. The team began regular meetings to initiate the steps necessary to execute a compliance review that is consistent with external quality review (EQR) protocols. In spring 2019, AHCA 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. AHCA also collaborated with the Arizona Health Care Cost Containment System (AHCCCS) to discuss how compliance reviews were initiated in Arizona.

AHCA’s team will continue the strategic planning process of developing a formal timeline and process for conducting compliance reviews. As of the writing of this report, the state is on track to complete the three-year comprehensive compliance review by the federal deadline.

Performance Improvement Projects

As part of the Agency’s procurement of the new SMMC health plan contracts, the Agency focused on three program goals:

- Reduce potentially preventable hospital events, including admissions, 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.

¹⁻² 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.medicare.gov/medicaid/quality-of-care/downloads/eqr-protocol-1.pdf>. Accessed on: June 24, 2020.

In the procurement of the new 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 and dental plans committed to meeting specific targets related to potentially preventable hospital events, birth outcomes, and preventive dental services for children. The Agency contractually required all the plans to conduct PIPs in these 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 contractually required the 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 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 2018–2019, each health plan submitted four PIPs and each dental plan submitted three PIPs to HSAG for either a high-level review or validation. SFY 2018–2019 was the first year for the validation and review of these PIPs.

Performance Measure Validation

HSAG conducted PMV activities for the measures calculated and reported by MMA Standard plans, MMA Specialty plans, and LTC plans for SFY 2018–2019. To ensure a full year of data are available for PMV, dental plans' measure indicator data will be included in the SFY 2020 EQR Technical Report as guided by AHCA. All measure indicator data were audited by a NCQA Licensed Organization (LO) in line with the NCQA Healthcare Effectiveness Data and Information Set (HEDIS[®]) Compliance AuditTM¹⁻³ 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, *Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 1, 2012 (CMS Performance Measure Validation Protocol).¹⁻⁴ 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/Specialty Plans

All MMA Standard plans were required to report 81 measure indicators, 10 of which were reported by three or fewer plans and eight of which were reported by one plan. AHCA established performance targets

¹⁻³ NCQA HEDIS Compliance AuditTM is a trademark of the NCQA.

¹⁻⁴ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/eqr-protocol-2.pdf>. Accessed on: Feb 12, 2019.

for 49 of the measure indicators based on the HEDIS 2018 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 Use of Services). The Specialty plans were required to report 35 measure indicators, which were grouped into five domains (Women's Care, Living With Illness, Behavioral Health, Access/Availability of Care, and Use of Services). For the current measurement year, all MMA plans were fully compliant with NCQA HEDIS Compliance Audit Information Systems (IS) standards 1.0, 2.0, 3.0, 5.0, and 7.0.

Further, for IS Standard 4.0, all but two Standard MMA plans and all Specialty MMA plans were fully compliant. Two Standard MMA plans were not compliant because of the timing of the specifications and clarifications on the requirements coupled with hybrid data collection specifications, which impacted the plans' ability to report them correctly. As a result, these plans were unable to report the *Prenatal and Postpartum Care* measure for the *Elective Delivery* and *Cesarean Birth* measure indicators and received a *Biased Rate (BR)* audit designation for this measure. For plans that were fully compliant with this standard, medical data abstractions were accurately performed with sufficient edit checks in place to ensure data accuracy. Overall, medical record data were deemed acceptable by the auditors for HEDIS and performance measure reporting.

Forty-three MMA plan performance measure indicators comparable to benchmarks and related to **quality** were evaluated as part of the Pediatric Care, Women's Care, Living With Illness, and Behavioral Health domains. Of the 43 measure indicators in this area, four (9.3 percent) met or exceeded the AHCA-established performance targets (the 75th percentile). The statewide average met or exceeded the minimum performance targets (the 25th percentile) for 39 of 43 (90.7 percent) measure indicators.

Twenty MMA plan performance measure indicators comparable to benchmarks and related to **access** were evaluated as part of the Pediatric Care, Women's Care, Behavioral Health, and Access/Availability of Care domains. None of the 20 measure indicators in this area met or exceeded the AHCA-established performance targets. The statewide average met or exceeded the minimum performance targets for 16 of 20 (80.0 percent) measure indicators.

Ten MMA plan performance measure indicators comparable to benchmarks and related to **timeliness** were evaluated as part of the Pediatric Care, Women's Care, and Behavioral Health domains. None of the 10 measure indicators in this area met or exceeded the AHCA-established performance targets. The statewide average met or exceeded the minimum performance targets for seven of 10 (70.0 percent) measure indicators.

Long-Term Care Plans

For reporting year (RY) 2019, the LTC plans were required to report seven AHCA-defined measure indicators. The LTC plans were compliant with all NCQA HEDIS Compliance Audit IS standards. HSAG had no concerns with the data systems and processes used by the LTC plans for measure calculations based on the information presented in the final audit reports (FARs). The LTC plans continued to have adequate validation processes in place to ensure data completeness and accuracy.

All seven performance measure indicators were related to **quality** or **timeliness**. The LTC plans were not held to performance targets because RY 2019 was the first year that the LTC plans reported these measures. Performance should continue to be monitored, as first-year measure rates may not be indicative of true LTC plan performance.







Performance Snapshot

The grid below shows the statewide average performance as compared to the AHCA-identified performance targets and minimum performance targets, which were established based on NCQA's Quality Compass¹⁻⁵ national Medicaid All Lines of Business 75th and 25th percentiles, respectively, for HEDIS 2018, and statewide rate increases or decreases from RY 2018 to RY 2019. Performance results for the Standard/Specialty MMA plans are grouped into the following domains of care:

- Pediatric Care
- Women's Care
- Living with Illness
- Behavioral Health
- Access/Availability of Care

Performance results for the LTC plans are displayed in the LTC Domain.

¹⁻⁵ Quality Compass[®] is a registered trademark of the NCQA.

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	<ul style="list-style-type: none"> Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—Body Mass Index (BMI) Percentile Documentation—Total 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> WCC—BMI Percentile Documentation—Total Lead Screening in Children Adolescent Well-Care Visits Immunizations for Adolescents—Combination 2 	<ul style="list-style-type: none"> Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and Continuation and Maintenance Phase
Women's Care 	5	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None
Living With Illness 	11	<ul style="list-style-type: none"> Annual Monitoring for Patients on Persistent Medications—Total Asthma Medication Ratio—Total 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit—Total
Behavioral Health 	15	<ul style="list-style-type: none"> Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia 	<ul style="list-style-type: none"> Initiation and Engagement of Alcohol or Other Drug (AOD) Abuse or Dependence Treatment—Engagement of AOD Treatment—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 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None
Access/ Availability of Care 	6	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Children and Adolescents' Access to Primary Care Practitioners—12–19 Years Ambulatory Care (per 1,000 Member Months)—ED Visits—Total 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None
Long-Term Care 	7	<p>As RY 2019 was the first year that the LTC plans reported long-term services and supports (LTSS) measures, the LTC plans were not held to performance targets. None of the LTC program statewide average rates for RY 2019 would have met the RY 2020 performance targets, indicating opportunities for improvement for all LTC plans in RY 2020.</p>			

* Statewide rate demonstrated an **increase** of more than 3 percentage points from RY 2018 to RY 2019.

** Statewide rate demonstrated a **decline** of more than 3 percentage points from RY 2018 to RY 2019.

Review of Compliance



2

Background

AHCA contracts with Medicaid health and dental plans to provide services to health plan enrollees. AHCA is statutorily required to procure health and dental plans every five years. AHCA selected plans and entered into the second contract year in 2018 (contract term 2018–2023). To ensure health and dental 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 AHCA 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, AHCA performed a readiness review. AHCA developed a readiness review request document that included contractual requirements that were required to be completed by each awarded MCP. 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 AHCA 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. AHCA used internal tools and trackers to ensure every plan met each requirement.

AHCA 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 AHCA’s compliance review process. AHCA conducted 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 AHCA's planning for implementation of the compliance review, AHCA 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, Long-Term Care Plus, Managed Medical Assistance, 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



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 publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 1, 2012 (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 MMA Standard and Specialty plans (collectively referred to as “MMA plans” in this section), AHCA required that the MMA plans undergo an NCQA HEDIS Compliance Audit on the performance measures selected for reporting. All measure indicator data were audited by each MMA 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 plans, AHCA 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, AHCA 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 LTC plan audits were conducted following the NCQA HEDIS Compliance Audit policies and procedures.

Plan-Specific Results for Measures With Performance Targets

Standard/Specialty MMA Plans

AHCA required that each MMA plan undergo an NCQA HEDIS Compliance Audit of the performance measures selected for reporting. These audits were performed by NCQA-LOs in 2019 on data collected during CY 2018.

Results by Domain

The results sections below discuss the statewide average performance as compared to the AHCA-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 2018, and statewide rate increases or decreases from RY 2018 to RY 2019.

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

Results—Pediatric Care

Table 3-1 displays the statewide averages calculated by HSAG for RY 2018 and RY 2019 for all measures in the Pediatric Care domain with AHCA-identified performance targets. Cells shaded in green indicate performance rates that met or exceeded AHCA’s RY 2019 performance targets, as described above. Cells shaded in yellow indicate performance rates that fell below the minimum performance target for RY 2019. To review the Pediatric Care measure rates by MMA 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 2018	RY 2019
<i>Well-Child Visits in the First 15 Months of Life</i>			
<i>No Well-Child Visits*</i>	Medicaid Child Core Set & HEDIS	1.97%	2.31%
<i>Six or More Well-Child Visits</i>	Medicaid Child Core Set & HEDIS	69.48%	69.64%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>			
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	Medicaid Child Core Set & HEDIS	77.94%	78.21%
<i>Childhood Immunization Status¹</i>			
<i>Combination 2</i>	Medicaid Child Core Set & HEDIS	78.16%	77.51%
<i>Combination 3</i>	Medicaid Child Core Set & HEDIS	73.71%	73.30%
<i>Lead Screening in Children</i>			

Measure	Measure Source	RY 2018	RY 2019
<i>Lead Screening in Children</i>	HEDIS	67.48%	71.17%
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>			
<i>Initiation Phase</i>	Medicaid Child Core Set & HEDIS	48.22%	40.74%
<i>Continuation and Maintenance Phase</i>	Medicaid Child Core Set & HEDIS	63.90%	54.51%
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>			
<i>BMI Percentile Documentation—Total</i>	Medicaid Child Core Set & HEDIS	82.76%	87.87%
<i>Adolescent Well-Care Visits</i>			
<i>Adolescent Well-Care Visits</i>	Medicaid Child Core Set & HEDIS	57.22%	60.41%
<i>Immunizations for Adolescents</i>			
<i>Combination 1</i>	Medicaid Child Core Set & HEDIS	71.93%	73.99%
<i>Combination 2</i>	Medicaid Child Core Set & HEDIS	30.45%	35.60%

* Lower rates indicate better performance for this measure.

¹ Due to changes in the technical specifications for this measure, exercise caution when trending rates between RY 2019 and prior years.

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

 Indicates that the performance measure rate for RY 2019 ranked below the minimum performance target.

One of 12 (8.3 percent) statewide average rates within the Pediatric Care domain met or exceeded AHCA’s RY 2019 performance target (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total*), and no statewide average rates fell below the minimum performance target. Additionally, four statewide average rates (*Lead Screening in Children*, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total*, *Adolescent Well-Care Visits*, and *Immunizations for Adolescents—Combination 2*) demonstrated an increase of more than 3 percentage points from RY 2018 to RY 2019. Conversely, two statewide average rates (both *Follow-Up Care for Children Prescribed ADHD Medication* indicators) demonstrated a decline of more than 3 percentage points, indicating opportunities for improvement.

Results—Women’s Care


Table 3-2 displays the statewide averages calculated by HSAG for RY 2018 and RY 2019 for all measures in the Women’s Care domain with AHCA-identified performance targets. Cells shaded in green indicate performance rates that met or exceeded AHCA’s RY 2019 performance targets. Cells shaded in yellow indicate performance rates that fell below the minimum performance target for RY 2019. To review the Women’s Care measure rates by MMA 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 2018	RY 2019
<i>Cervical Cancer Screening</i>			
<i>Cervical Cancer Screening</i>	Medicaid Adult Core Set & HEDIS	59.84%	59.86%
<i>Chlamydia Screening in Women</i>			
<i>Total</i>	Medicaid Adult and Child Core Sets & HEDIS	64.31%	65.26%
<i>Breast Cancer Screening¹</i>			
<i>Breast Cancer Screening</i>	Medicaid Adult Core Set & HEDIS	58.17%	60.09%
<i>Prenatal and Postpartum Care</i>			
<i>Timeliness of Prenatal Care</i>	Medicaid Child Core Set & HEDIS	81.93%	83.23%
<i>Postpartum Care</i>	Medicaid Adult Core Set & HEDIS	64.54%	63.29%

* Lower rates indicate better performance for this measure.

¹ Due to changes in the technical specifications for this measure, exercise caution when trending rates between RY 2019 and prior years.

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

 Indicates that the performance measure rate for RY 2019 ranked below the minimum performance target.

None of the five statewide rates in the Women’s Care domain met or exceeded AHCA’s RY 2019 performance targets. While none of the statewide rates demonstrated an improvement or decline of more than 3 percentage points from RY 2018 to RY 2019, four of the five statewide rates demonstrated improvement.

Results—Living With Illness

Table 3-3 displays the statewide averages calculated by HSAG for RY 2018 and RY 2019 for all measures in the Living With Illness domain with AHCA-identified performance targets. Cells shaded in green indicate performance rates that met or exceeded AHCA’s RY 2019 performance targets. Cells shaded in yellow indicate performance rates that fell below the minimum performance target for RY 2019. 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 2018	RY 2019
<i>Comprehensive Diabetes Care¹</i>			
<i>HbA1c Testing</i>	Medicaid Adult Core Set & HEDIS	85.69%	85.82%
<i>HbA1c Poor Control (>9.0%)*</i>	Medicaid Adult Core Set & HEDIS	40.90%	42.36%
<i>HbA1c Control (<8.0%)</i>	HEDIS	49.22%	48.15%
<i>Eye Exam (Retinal) Performed</i>	HEDIS	55.26%	56.48%
<i>Medical Attention for Nephropathy</i>	HEDIS	92.88%	91.84%
<i>Adult BMI Assessment</i>			
<i>Adult BMI Assessment</i>	Medicaid Adult Core Set & HEDIS	89.68%	88.95%
<i>Annual Monitoring for Patients on Persistent Medications</i>			
<i>Total</i>	Medicaid Adult Core Set & HEDIS	92.92%	93.08%
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>			
<i>Advising Smokers and Tobacco Users to Quit—Total</i>	Medicaid Adult Core Set & HEDIS	82.23%	79.22%
<i>Discussing Cessation Medications—Total</i>	Medicaid Adult Core Set & HEDIS	56.73%	55.87%
<i>Discussing Cessation Strategies—Total</i>	Medicaid Adult Core Set & HEDIS	51.50%	49.24%
<i>Asthma Medication Ratio¹</i>			
<i>Total</i>	Medicaid Adult and Child Core Set & HEDIS	—	71.57%

* Lower rates indicate better performance for this measure.

— indicates that the RY 2018 rate is not presented because the MMA plans were not required to report the measure until RY 2019. This symbol may also indicate that NCQA recommended a break in trending; therefore, the RY 2018 rate is not displayed.

¹ Due to changes in the technical specifications for this measure, exercise caution when trending rates between RY 2019 and prior years.

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

 Indicates that the performance measure rate for RY 2019 ranked below the minimum performance target.

Two of 11 (18.2 percent) statewide average rates within the Living With Illness domain met or exceeded AHCA’s RY 2019 performance targets (*Annual Monitoring for Patients on Persistent Medications—Total* and *Asthma Medication Ratio—Total*), and no statewide average rates fell below the minimum performance target. Conversely, the *Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit—Total* statewide average rate demonstrated a decline of more than 3 percentage points from RY 2018 to RY 2019, indicating opportunities for improvement in the Living With Illness domain.

Results—Behavioral Health

Table 3-4 displays the statewide averages calculated by HSAG for RY 2018 and RY 2019 for all measures in the Behavioral Health domain with AHCA-identified performance targets. Cells shaded in green indicate performance rates that met or exceeded AHCA’s RY 2019 performance targets. Cells shaded in yellow indicate performance rates that fell below the minimum performance target for RY 2019. 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 2018	RY 2019
<i>Initiation and Engagement of AOD Abuse or Dependence Treatment</i>			
<i>Initiation of AOD Treatment—Total</i>	Medicaid Adult Core Set & HEDIS	41.80%	41.40%
<i>Engagement of AOD Treatment—Total</i>	Medicaid Adult Core Set & HEDIS	6.90%	6.62%
<i>Follow-Up After Hospitalization for Mental Illness</i>			
<i>7-Day Follow-Up</i>	HEDIS & AHCA-Defined	30.52%	29.84%
<i>30-Day Follow-Up</i>	HEDIS & AHCA-Defined	51.14%	50.33%
<i>Follow-Up After ED Visit for AOD Abuse or Dependence</i>			
<i>7-Day Follow-Up—Total</i>	Medicaid Adult Core Set & HEDIS	5.52%	6.11%
<i>30-Day Follow-Up—Total</i>	Medicaid Adult Core Set & HEDIS	8.21%	8.23%
<i>Antidepressant Medication Management</i>			
<i>Effective Acute Phase Treatment</i>	Medicaid Adult Core Set & HEDIS	52.58%	52.77%
<i>Effective Continuation Phase Treatment</i>	Medicaid Adult Core Set & HEDIS	37.21%	37.22%
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia¹</i>			
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	Medicaid Adult Core Set & HEDIS	62.68%	61.82%


Measure	Measure Source	RY 2018	RY 2019
Metabolic Monitoring for Children and Adolescents on Antipsychotics			
Total	HEDIS	38.90%	39.85%
Use of Multiple Concurrent Antipsychotics in Children and Adolescents¹			
Total*	Medicaid Child Core Set & HEDIS	1.71%	1.90%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics			
Total	Medicaid Child Core Set & HEDIS	62.12%	61.67%
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications¹			
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Medicaid Adult Core Set & HEDIS	74.67%	73.87%
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia¹			
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	HEDIS	—	85.71%
Diabetes Monitoring for People With Diabetes and Schizophrenia¹			
Diabetes Monitoring for People With Diabetes and Schizophrenia	HEDIS	—	76.65%

* Lower rates indicate better performance for this measure.

— indicates that the RY 2018 rate is not presented because the MMA plans were not required to report the measure until RY 2019. This symbol may also indicate that NCQA recommended a break in trending; therefore, the RY 2018 rate is not displayed.

¹ Due to changes in the technical specifications for this measure, exercise caution when trending rates between RY 2019 and prior years.

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

 Indicates that the performance measure rate for RY 2019 ranked below the minimum performance target.

One of 15 (6.7 percent) statewide average rates met or exceeded AHCA’s RY 2019 performance targets in the Behavioral Health domain (*Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*). Conversely, four of 15 (26.7 percent) statewide average rates fell below the minimum performance target, demonstrating opportunities for statewide improvement in the Behavioral Health domain. Of note, RY 2019 performance in the Behavioral Health domain remained similar to that of RY 2018, with all 13 measure rates appropriate for comparison improving or declining by less than 1 percentage point.

Results—Access/Availability of Care


Table 3-5 displays the statewide averages calculated by HSAG for RY 2018 and RY 2019 for all measures in the Access/Availability of Care domain with AHCA-identified performance targets. Cells shaded in green indicate performance rates that met or exceeded AHCA’s RY 2019 performance targets. Cells shaded in yellow indicate performance rates that fell below the minimum performance target for RY 2019. To review the Access/Availability of 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 of Care

Measure	Measure Source	RY 2018	RY 2019
<i>Children and Adolescents' Access to Primary Care Practitioners</i>			
<i>12–24 Months</i>	Medicaid Child Core Set & HEDIS	94.62%	94.80%
<i>25 Months–6 Years</i>	Medicaid Child Core Set & HEDIS	87.84%	88.76%
<i>7–11 Years</i>	Medicaid Child Core Set & HEDIS	88.21%	88.80%
<i>12–19 Years</i>	Medicaid Child Core Set & HEDIS	84.46%	85.71%
<i>Adults' Access to Preventive/Ambulatory Health Services¹</i>			
<i>Total</i>	HEDIS	75.50%	76.79%
<i>Ambulatory Care (per 1,000 Member Months)</i>			
<i>ED Visits—Total*</i>	Medicaid Child Core Set & HEDIS	70.09	70.97

* Lower rates indicate better performance for this measure.

¹ Due to changes in the technical specifications for this measure, exercise caution when trending rates between RY 2019 and prior years.

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

 Indicates that the performance measure rate for RY 2019 ranked below the minimum performance target.

None of the statewide average rates in the Access/Availability of Care domain met AHCA’s RY 2019 performance targets, and two of the six (33.3 percent) statewide average rates fell below the minimum performance target (*Children and Adolescents’ Access to Primary Care Practitioners—12–19 Years* and *Ambulatory Care (per 1,000 Member Months)—ED Visits—Total*), indicating opportunities for statewide improvement related to Access/Availability of Care.

Comparative Analysis

The Comparative Analysis section displays the plan-specific performance compared to the AHCA-identified performance targets. Cells shaded in green indicate performance rates that met or exceeded AHCA’s RY 2019 performance targets. Cells shaded in yellow indicate performance rates that fell below the minimum performance target for RY 2019.

Pediatric Care

Table 3-6 shows the performance measure names and associated measure name abbreviations for measures included in the Pediatric Care domain with AHCA-identified performance targets.

Table 3-6—Pediatric Care Domain Performance Measure Abbreviations

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


Table 3-7 shows the results for the Standard MMA plans and Specialty MMA plans for measures within the Pediatric Care domain with AHCA-identified performance targets.

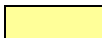
Table 3-7—Pediatric Care Domain Performance Measure Results

Measure	CCP-M	CHA-S	CMS-S	COV-M	HUM-M	MCC-S	MOL-M	PRS-M	SHP-M	STW-M	SUN-M	SUN-S	URA-M
W15-0*	1.49%	NA	4.50%	0.74%	2.19%	NA	2.68%	3.16%	2.68%	1.37%	2.73%	1.04%	2.19%
W15-6+	78.81%	NA	55.86%	77.04%	72.75%	NA	67.88%	65.69%	71.78%	72.13%	65.57%	61.72%	69.83%
W34	85.00%	51.61%	74.23%	84.02%	79.81%	37.50%	74.21%	77.13%	78.10%	80.33%	77.70%	84.02%	73.89%
CIS-2	76.89%	NA	79.08%	79.08%	76.40%	NA	78.35%	76.64%	79.81%	78.35%	75.91%	88.56%	73.48%
CIS-3	70.07%	NA	74.21%	76.16%	71.05%	NA	75.43%	74.94%	75.67%	72.75%	72.26%	79.08%	69.10%
LSC	80.29%	NA	69.83%	76.64%	70.80%	NA	67.15%	67.64%	75.91%	71.05%	70.80%	76.25%	69.34%
ADD-I	47.43%	NA	36.90%	39.36%	37.16%	29.84%	52.47%	38.40%	36.57%	36.78%	45.70%	50.84%	45.75%
ADD-C	NA	NA	48.64%	58.54%	50.00%	57.58%	71.07%	50.36%	47.08%	49.20%	62.90%	61.54%	58.56%
WCC	90.27%	94.92%	78.10%	90.56%	91.00%	79.81%	84.67%	86.86%	90.27%	86.62%	88.70%	89.93%	87.93%
AWC	64.69%	54.76%	58.72%	63.52%	62.77%	30.17%	53.04%	51.82%	65.94%	65.33%	57.66%	63.95%	56.45%
IMA-1	83.20%	NA	76.64%	77.37%	75.91%	49.88%	69.34%	74.94%	80.05%	72.99%	71.78%	65.69%	70.07%
IMA-2	33.60%	NA	38.20%	36.98%	41.61%	18.49%	32.85%	35.04%	40.15%	36.74%	29.20%	28.95%	32.60%

* Lower rates indicate better performance for this measure.

NA indicates that the MMA plan followed the specifications, but the denominator was too small to report a valid rate.

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

 Indicates that the performance measure rate for RY 2019 ranked below the minimum performance target.

Within the Pediatric Care domain, CCP, Coventry, Humana, Molina, Simply, Staywell, and Sunshine-S were the highest-performing MMA plans as at least five of each MMA plans' rates met or exceeded AHCA's RY 2019 performance targets. Additionally, at least five MMA plans met or exceeded AHCA's RY 2019 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, Magellan-S and CMSN-S were the lowest-performing MMA plans with three or more measure rates falling below the minimum performance target. Of note, two standard MMA plans (Sunshine and Simply) had more than one measure rate fall below the minimum performance target. Five of the 12 (41.7 percent) MMA plans with a reportable rate fell below the minimum performance target for the Immunizations for Adolescents—Combination 1 and Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase measure indicators.

Women’s Care

Table 3-8 shows the performance measure names and associated measure name abbreviations for measures included in the Women’s Care domain with AHCA-identified performance targets.

Table 3-8—Women’s Care Domain Performance Measure Abbreviations

Performance Measure	Abbreviation
Cervical Cancer Screening	CCS
Chlamydia Screening in Women—Total	CHL
Breast Cancer Screening	BCS
Prenatal and Postpartum Care—Timeliness of Prenatal Care	PPC-1
Prenatal and Postpartum Care—Postpartum Care	PPC-2

Table 3-9 shows the results for the Standard MMA plans and Specialty MMA plans for measures within the Women’s Care domain with AHCA-identified performance targets.

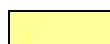
Table 3-9—Women’s Care Domain Performance Measure Results

Measure	CCP-M	CHA-S	CMS-S	COV-M	HUM-M	MCC-S	MOL-M	PRS-M	SHP-M	STW-M	SUN-M	SUN-S	URA-M
CCS	63.59%	69.34%	—	66.67%	59.85%	49.15%	56.93%	58.39%	65.69%	62.56%	54.36%	—	59.11%
CHL	65.25%	81.67%	44.70%	72.70%	66.18%	66.37%	64.67%	63.77%	67.45%	63.77%	67.48%	71.68%	64.15%
BCS	67.84%	55.44%	—	67.97%	62.48%	39.16%	60.91%	56.92%	63.89%	59.38%	57.03%	—	61.47%
PPC-1	87.10%	64.49%	66.07%	90.75%	79.81%	60.34%	85.16%	86.62%	82.73%	83.83%	82.53%	64.91%	84.67%
PPC-2	71.05%	46.73%	48.21%	69.59%	65.94%	39.42%	65.94%	64.23%	66.91%	66.04%	56.46%	55.26%	63.99%

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 2019.

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

 Indicates that the performance measure rate for RY 2019 ranked below the minimum performance target.

Within the Women’s Care domain, CCP and Coventry were the highest-performing MMA plans with a majority of their rates meeting or exceeding AHCA’s RY 2019 performance targets. Additionally, seven of the 13 (53.8 percent) MMA plans met or exceeded AHCA’s RY 2019 performance target for the Chlamydia Screening in Women—Total measure. Conversely, CMSN-S, Magellan-S, and Sunshine-S were the lowest-performing MMA plans with a majority of each MMA plans’ reportable measure rates falling below the minimum performance target. Of note, only one standard MMA plan (Sunshine) had a

measure rate that fell below the minimum performance target. At least four MMA plans fell below the minimum performance target for both *Prenatal and Postpartum Care* measure indicators.

Living With Illness

Table 3-10 below shows the performance measure names and associated measure name abbreviations for measures included in the Living With Illness domain with AHCA-identified performance targets.

Table 3-10—Living With Illness Domain Performance Measure Abbreviations

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

Table 3-11 shows the results for the Standard MMA plans and Specialty MMA plans for measures within the Living With Illness domain with AHCA-identified performance targets.

Table 3-11—Living With Illness Domain Performance Measure Results


Measure	CCP-M	CHA-S	CMS-S	COV-M	HUM-M	MCC-S	MOL-M	PRS-M	SHP-M	STW-M	SUN-M	SUN-S	URA-M
CDC-T	89.54%	83.45%	86.01%	88.56%	85.16%	84.18%	85.16%	86.13%	88.56%	84.43%	86.62%	NA	85.40%
CDC-9*	34.06%	48.42%	100.00%	40.88%	33.33%	57.91%	47.45%	44.28%	31.87%	47.45%	46.96%	NA	42.09%
CDC-8	54.50%	44.28%	0.00%	52.31%	52.55%	36.98%	40.88%	46.23%	58.39%	44.53%	45.50%	NA	49.64%
CDC-E	65.69%	38.93%	43.62%	53.53%	60.34%	28.47%	58.15%	51.09%	58.15%	56.93%	61.31%	NA	57.42%
CDC-N	95.38%	93.67%	78.19%	94.40%	92.46%	90.02%	93.67%	92.94%	93.43%	89.54%	91.16%	NA	92.21%
ABA	94.34%	94.89%	35.79%	93.43%	91.48%	88.56%	90.75%	84.18%	92.70%	85.47%	87.24%	NA	92.39%
MPM	93.23%	98.67%	83.47%	92.74%	94.84%	91.18%	92.01%	91.56%	94.26%	91.83%	92.60%	—	93.40%
MSC-A	NA	88.34%	—	NA	NA	72.22%	NA	80.18%	NA	79.22%	74.77%	—	NA
MSC-M	NA	67.90%	—	NA	NA	48.60%	NA	51.85%	NA	52.94%	59.43%	—	NA
MSC-S	NA	66.67%	—	NA	NA	44.86%	NA	49.07%	NA	43.92%	46.15%	—	NA
AMR	75.62%	28.91%	BR	80.11%	70.32%	48.54%	71.33%	65.75%	72.12%	75.68%	71.23%	79.78%	68.07%

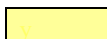
* Lower rates indicate better performance for this measure.

NA indicates that the MMA plan followed the specifications, but the denominator was too small to report a valid rate.

BR indicates that the MMA plan's reported rate was invalid; therefore, the rate was not presented.

— indicates that the rate is not presented because the MMA plan was not required to report the measure for RY 2019.

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

 Indicates that the performance measure rate for RY 2019 ranked below the minimum performance target.

Within the Living With Illness domain, CCP, Clear Health-S, Coventry, and Simply were the highest-performing MMA plans with at least half of each MMA plans’ reportable rates meeting or exceeding AHCA’s RY 2019 performance targets. Sunshine-S met or exceeded AHCA’s RY 2019 performance target for its one reportable measure rate in RY 2019 (*Asthma Medication Ratio—Total*). Additionally, at least eight MMA plans met or exceeded AHCA’s RY 2019 performance target for the *Comprehensive Diabetes Care—Medical Attention for Nephropathy, Annual Monitoring for Patients on Persistent Medications—Total*, and *Asthma Medication Ratio—Total* measure indicators. Conversely, CMSN-S and Magellan-S were the lowest-performing MMA plans with a majority of each MMA plan’s reportable measure rates falling below the minimum performance target. Of note, two standard MMA plans (Molina and Staywell) each had two measure rates fall below the minimum performance target. At least four MMA plans fell below the minimum performance target for the *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *HbA1c Control (<8.0%)* measure indicators.

Behavioral Health

Table 3-12 below shows the performance measure names and associated measure name abbreviations for measures included in the Behavioral Health domain with AHCA-identified performance targets.

Table 3-12—Behavioral Health Domain Performance Measure Abbreviations

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

Table 3-13 shows the results for the Standard MMA plans and Specialty MMA plans for measures within the Behavioral Health domain with AHCA-identified performance targets.


Table 3-13—Behavioral Health Domain Performance Measure Results

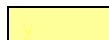
Measure	CCP-M	CHA-S	CMS-S	COV-M	HUM-M	MCC-S	MOL-M	PRS-M	SHP-M	STW-M	SUN-M	SUN-S	URA-M
IET-I	42.86%	46.65%	41.86%	31.58%	42.70%	53.34%	36.63%	43.52%	35.35%	39.84%	44.02%	47.76%	36.76%
IET-E	12.00%	4.38%	2.91%	4.78%	6.36%	7.16%	6.70%	7.43%	5.33%	6.93%	7.38%	9.81%	5.43%
FHM-7	36.95%	13.61%	42.51%	29.61%	35.99%	20.53%	31.66%	26.41%	33.30%	31.63%	31.09%	—	31.17%
FHM-30	52.61%	27.72%	66.84%	50.33%	56.23%	37.63%	54.19%	47.81%	53.81%	54.48%	50.59%	—	51.60%
FUA-7	6.58%	10.24%	6.25%	9.84%	5.44%	9.12%	5.60%	5.72%	5.82%	4.19%	6.37%	1.22%	5.79%
FUA-30	10.53%	13.39%	6.25%	11.48%	7.64%	11.40%	7.51%	7.23%	7.84%	6.03%	8.76%	1.22%	8.92%
AMM-A	46.73%	49.25%	78.48%	55.78%	56.41%	49.85%	54.87%	50.15%	57.28%	50.54%	50.84%	51.35%	50.15%
AMM-C	33.64%	36.94%	51.90%	38.61%	39.37%	37.58%	39.37%	35.40%	41.43%	35.43%	34.75%	27.03%	33.04%
SAA	59.62%	51.66%	52.00%	52.69%	65.34%	58.47%	60.95%	62.28%	63.01%	61.39%	65.70%	NA	62.57%
APM	47.54%	NA	41.45%	61.19%	40.38%	36.32%	40.58%	37.99%	38.55%	37.17%	33.80%	49.35%	44.11%
APC*	10.81%	NA	3.35%	0.00%	1.79%	1.98%	0.00%	0.69%	1.09%	2.30%	1.68%	1.34%	0.68%
APP	54.84%	NA	56.12%	60.32%	62.18%	64.49%	64.99%	57.54%	63.03%	61.05%	63.74%	70.13%	55.14%
SSD	—	—	—	—	—	73.87%	—	—	—	—	—	—	—
SMC	—	—	—	—	—	85.71%	—	—	—	—	—	—	—
SMD	—	—	—	—	—	76.65%	—	—	—	—	—	—	—

* Lower rates indicate better performance for this measure.

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 2019.

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

 Indicates that the performance measure rate for RY 2019 ranked below the minimum performance target.

Within the Behavioral Health domain, CMSN-S and Sunshine-S were the highest-performing MMA plans with at least three measure rates for each MMA plan meeting or exceeding AHCA’s RY 2019 performance targets. Additionally, five of the 12 (41.7 percent) MMA plans with reportable rates met AHCA’s RY 2019 performance target for the *Metabolic Monitoring for Children and Adolescents on Antipsychotics—Total* and *Use of Multiple Concurrent Antipsychotics in Children and Adolescents—Total* measures. Conversely, Prestige and United were the lowest-performing MMA plans with five measure rates for each MMA plan falling below the minimum performance target. At least nine MMA 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 3-14 shows the performance measure names and associated measure name abbreviations for measures included in the Access/Availability of Care domain with AHCA-identified performance targets.

Table 3-14—Access/Availability of Care Domain Performance Measure Abbreviations

Performance Measure	Abbreviation
<i>Children and Adolescents' Access to Primary Care Practitioners—12–24 Months</i>	CAP-1
<i>Children and Adolescents' Access to Primary Care Practitioners—25 Months–6 Years</i>	CAP-2
<i>Children and Adolescents' Access to Primary Care Practitioners—7–11 Years</i>	CAP-3
<i>Children and Adolescents' Access to Primary Care Practitioners—12–19 Years</i>	CAP-4
<i>Adults' Access to Preventive/Ambulatory Health Services—Total</i>	AAP
<i>Ambulatory Care (per 1,000 Member Months)—ED Visits—Total</i>	AMB-E

Table 3-15 shows the results for the Standard MMA plans and Specialty MMA plans for measures within the Access/Availability of Care domain with AHCA-identified performance targets.


Table 3-15—Access/Availability of Care Domain Performance Measure Results

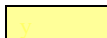
Measure	CCP-M	CHA-S	CMS-S	COV-M	HUM-M	MCC-S	MOL-M	PRS-M	SHP-M	STW-M	SUN-M	SUN-S	URA-M
CAP-1	95.08%	NA	96.90%	96.69%	94.33%	NA	94.60%	94.37%	95.61%	95.50%	93.76%	98.70%	93.76%
CAP-2	89.85%	56.34%	93.78%	94.67%	88.99%	56.25%	86.96%	87.10%	91.26%	89.34%	86.25%	91.09%	87.37%
CAP-3	91.94%	NA	95.76%	93.08%	88.47%	70.52%	85.97%	87.12%	91.56%	89.66%	85.68%	86.16%	87.51%
CAP-4	86.43%	83.33%	94.92%	88.83%	86.12%	66.52%	84.05%	83.77%	87.96%	87.28%	81.42%	82.25%	84.45%
AAP	69.25%	91.02%	—	76.69%	80.66%	75.82%	76.07%	74.05%	77.47%	78.53%	69.85%	—	78.54%
AMB-E*	61.82	131.90	72.25	66.00	67.49	150.26	71.18	75.28	62.98	73.22	68.37	52.67	69.82

* Lower rates indicate better performance for this measure.

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 2019.

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

 Indicates that the performance measure rate for RY 2019 ranked below the minimum performance target.

Within the Access/Availability of Care domain, CMSN-S was the highest-performing MMA plan with three measure rates meeting or exceeding AHCA's RY 2019 performance targets. Additionally, four of the 13 (30.8 percent) MMA plans met AHCA's RY 2019 performance target for the *Children and Adolescents' Access to Primary Care Practitioners—25 Months–6 Years* measure indicator. Conversely, Magellan-S, Molina, and Prestige were the lowest-performing MMA plans with at least four measure rates for each MMA plan falling below the minimum performance target. At least six MMA plans fell below the minimum performance target for the *Children and Adolescents' Access to Primary Care Practitioners—7–11 Years* and *12–19 Years* and *Ambulatory Care (per 1,000 Member Months)—ED Visits—Total* measure indicators.

LTC Plans

AHCA contracted with six LTC plans to provide LTC services to Medicaid enrollees. The LTC plans were required to report seven performance measure indicators for SFY 2018–2019 using CY 2018 data. AHCA established a performance target for the reported LTC measures (85 percent for each measure indicator); however, the LTC plans were not held to these performance targets in RY 2019. LTC plans underwent a PMV audit to ensure that the rates calculated and reported for these measures were valid and accurate. AHCA intended that an NCQA HEDIS Compliance Audit be conducted for all LTC plans to the extent possible. All audits were conducted by LOs.

Results

Table 3-16 displays the LTC program statewide averages for RY 2019.

Table 3-16—Florida Medicaid LTC Program Statewide Averages

Measure	Measure Source	RY 2019
<i>LTSS Comprehensive Assessment and Update</i>		
<i>Assessment of Core Elements</i>	MLTSS	66.25%
<i>Assessment of Supplemental Elements</i>	MLTSS	61.87%
<i>LTSS Comprehensive Care Plan and Update</i>		
<i>Care Plan With Core Elements</i>	MLTSS	47.61%
<i>Care Plan With Supplemental Elements</i>	MLTSS	50.20%
<i>LTSS Shared Care Plan With Primary Care Practitioner (PCP)</i>		
<i>LTSS Shared Care Plan With PCP</i>	MLTSS	54.06%
<i>LTSS Reassessment/Care Plan Update After Inpatient Discharge</i>		
<i>Reassessment After Inpatient Discharge</i>	MLTSS	27.50%
<i>Reassessment and Care Plan Update After Inpatient Discharge</i>	MLTSS	19.15%

The LTC plans were not held to performance targets in RY 2019; therefore, the statewide average rates are for information only. For RY 2020, AHCA should ensure the LTC plans focus efforts on both *LTSS Reassessment/Care Plan Update After Inpatient Discharge* measure indicators, given that the RY 2019 statewide average rates for both indicators fell below the RY 2020 performance targets by more than 57 percentage points.

Comparative Analysis

Table 3-17 shows the performance measure names and associated measure name abbreviations for measures reported by the LTC plans.

Table 3-17—LTC Performance Measure Abbreviations

Performance Measure	Abbreviation
<i>LTSS Comprehensive Assessment and Update—Assessment of Core Elements</i>	CAU-1
<i>LTSS Comprehensive Assessment and Update—Assessment of Supplemental Elements</i>	CAU-2
<i>LTSS Comprehensive Care Plan and Update—Care Plan With Core Elements</i>	CPU-1
<i>LTSS Comprehensive Care Plan and Update—Care Plan With Supplemental Elements</i>	CPU-2
<i>LTSS Shared Care Plan With PCP</i>	SCP
<i>LTSS Reassessment/Care Plan Update After Inpatient Discharge—Reassessment After Inpatient Discharge</i>	UIC-1
<i>LTSS Reassessment/Care Plan Update After Inpatient Discharge—Reassessment and Care Plan Update After Inpatient Discharge</i>	UIC-2

Table 3-18 shows the results for measures reported by the LTC plans.

Table 3-18—LTC Performance Measure Results

Measure	COV-L	HUM-L	MOL-L	SHP-L ¹	SUN-L	URA-L
CAU-1	56.93%	51.82%	54.99%	78.59%	83.21%	44.28%
CAU-2	73.24%	49.39%	38.44%	92.46%	74.21%	44.28%
CPU-1	8.27%	54.74%	51.09%	45.74%	58.15%	18.73%
CPU-2	78.59%	54.74%	50.36%	45.74%	58.15%	18.73%
SCP	82.48%	92.70%	90.28%	44.28%	45.26%	9.25%
UIC-1	NR	0.00%	16.55%	18.66%	31.14%	3.16%
UIC-2	NR	0.00%	9.49%	20.90%	21.65%	2.68%

¹ Simply-LTC (SHP-L) was previously known as Amerigroup-LTC.

NR indicates that the measure was required to be reported but the LTC plan chose not to report the measure for RY 2019.

The LTC plans were not held to performance targets in RY 2019; therefore, the results presented in Table 3-18 are for information only. For RY 2020, AHCA should ensure the LTC plans focus efforts on both *LTSS Reassessment/Care Plan Update After Inpatient Discharge* measure indicators, given that the highest-performing LTC plan’s rate for one of the indicators (*LTSS Reassessment After Inpatient Discharge*) was approximately 54 percentage points below the future performance target for this measure indicator.

Conclusions and Recommendations Related to Quality, Access, and Timeliness

Standard/Specialty MMA Plans

Overall, six statewide average rates for the MMA plans fell below AHCA's performance targets, and four 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 MMA plans required to report the measure fell below AHCA's performance targets in RY 2019, as listed below:

Behavioral Health

- *Initiation and Engagement of AOD Abuse or Dependence Treatment—Engagement of AOD Treatment—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*

Access/Availability of Care

- *Children and Adolescents' Access to Primary Care Practitioners—12–19 Years*
- *Ambulatory Care (per 1,000 Member Months)—ED Visits—Total*

LTC Plans

As RY 2019 was the first year that the LTC plans reported the LTSS measures, the LTC plans were not held to performance targets. None of the LTC program statewide average rates for RY 2019 would have met the RY 2020 performance targets, indicating opportunities for improvement for all LTC plans in RY 2020.

Performance Improvement Projects



PIP Validation

During SFY 2018–19, the health plans submitted four PIPs and the dental plans submitted three PIPs to HSAG for either high-level review or validation.

For high-level review, each health plan submitted two state-mandated PIPs—*Improving Birth Outcomes* and *Reducing Potentially Preventable Events (PPEs)*. For 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 exception was Children's Medical Services Network, a specialty plan, which did not initiate the *Improving Birth Outcomes* or *Reducing PPEs* PIP because neither topic was applicable to the population served by the health plan. Children's Medical Services Network instead submitted two additional PIPs—*Metabolic Monitoring for Children and Adolescents on Anti-Psychotics* and *Youth Transitions to Adult Care* for validation.

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

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

Table 4-1—PIP Topics—Domains of Care

Plan	PIP Name*	Access	Timeliness	Quality
All Health Plans except CMSN	<i>Improving Birth Outcomes</i>	✓	✓	✓
	<i>Reducing PPEs</i>	✓	✓	✓
All Health Plans	<i>Administration of the Transportation Benefit</i>	✓	✓	
All Dental Plans	<i>Reducing Potentially Preventable Dental-related Emergency Department Visits</i>	✓	✓	✓
	<i>Coordination of Transportation Services with the SMMC Plans</i>	✓	✓	
	<i>Preventive Dental Services for Children</i>	✓	✓	✓
Vivida; Lighthouse; Miami Children's	<i>Improving Antidepressant Medication Management</i>		✓	✓
CMSN	<i>Metabolic Monitoring for Children and Adolescents on Anti-Psychotics</i>		✓	✓
	<i>Youth Transitions to Adult Care</i>	✓	✓	✓
FCC; CCP; Staywell	<i>Integrating Primary Care and Behavioral Health</i>	✓		✓
Prestige	<i>Adherence to Antipsychotic Medications for Individuals with Schizophrenia</i>		✓	✓
Magellan	<i>Youth Intervention Psychotropic Program</i>		✓	✓
Aetna; Humana; Molina; Sunshine; United	<i>Follow-Up After Hospitalization for Mental Illness</i>	✓	✓	✓
Simply	<i>Behavioral Health Screenings by a PCP</i>	✓	✓	✓

*All PIPs (including both validated and high-level review PIPs) are listed in this table.

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 10 steps in CMS’ *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): 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 2018–2019 had progressed through the Design stage (Steps I–VI). Only one PIP (Staywell’s *Administration of Transportation Benefit* PIP) included documentation for Step VII (Analyze Data and Interpret Study Results), and two PIPs (Liberty PIPs) included documentation for Step VIII (Improvement Strategies). The validation status reported for the PIPs in this report is based on performance for Steps I through VIII, as applicable.

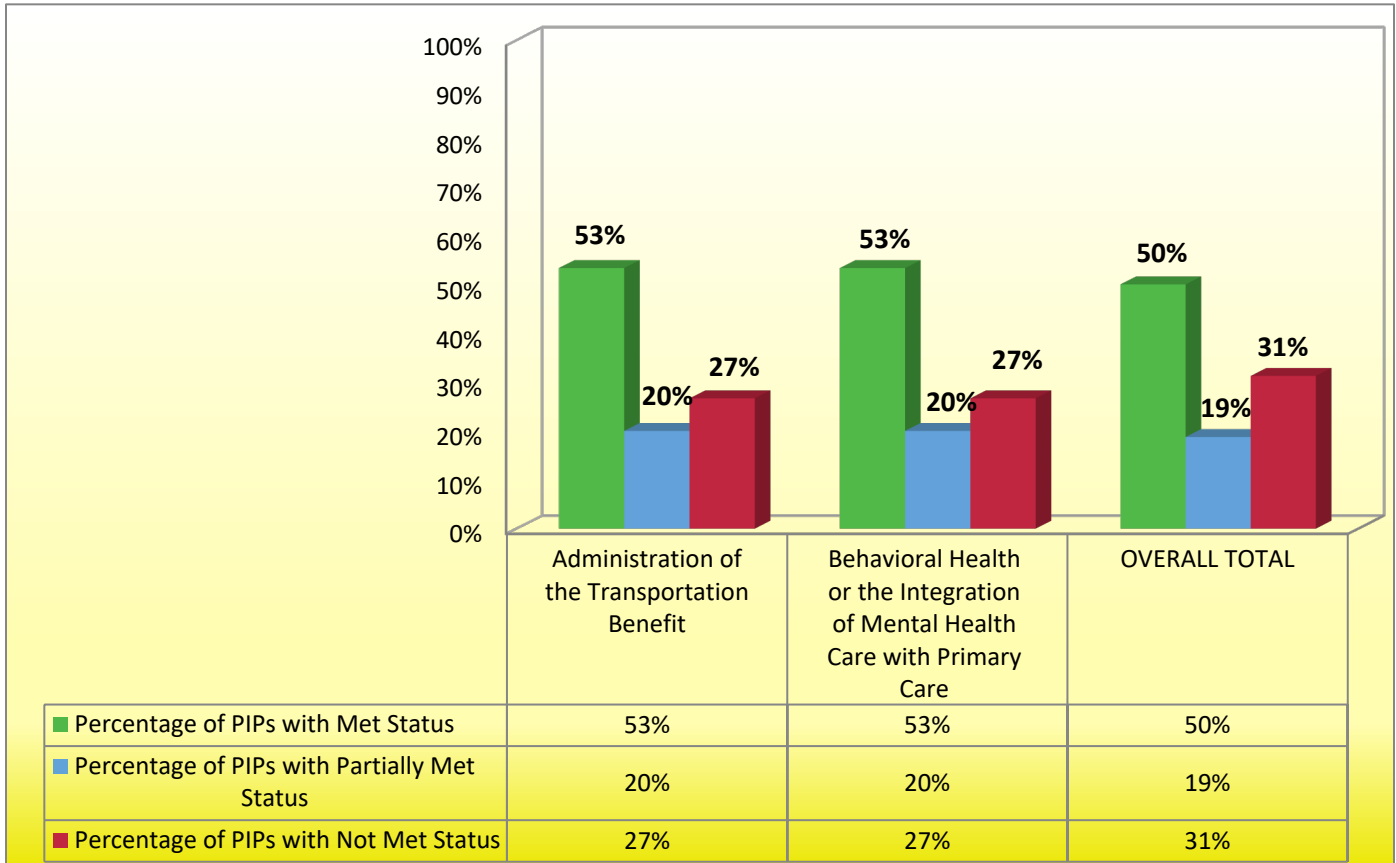
Health Plan PIP Validation Results

Overall

Figure 4-1 displays the percentage of health plan PIPs receiving a *Met*, *Partially Met*, and *Not Met* overall validation status by PIP topic. A total of 15 health plans initiated 32 PIPs. Each health plan initiated a transportation PIP and behavioral health PIP. One specialty plan (CMSN) initiated two additional 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 3: Validating Performance Improvement Projects (PIPs): 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-3.pdf>. Accessed on: Jan 21, 2020.

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



Across all PIPs, 50 percent received an overall *Met* validation status, 19 percent received an overall *Partially Met* validation status, and 31 percent received a *Not Met* validation status. The validation status outcomes were the same across the two topics. The two additional PIPs initiated by CMSN (included in the Overall Total score) received a *Not Met* validation status. This performance suggests an opportunity for improvement related to the documentation requirements for the study design.

Plan-Specific Results

Table 4-2 depicts the plan-specific validation results for the health plan PIPs. The health plans had not progressed to reporting data for this validation cycle. The plan-specific PIP study indicator results will be included in the next annual EQR technical report and in future plan-specific PIP reports.

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	<i>Administration of the Transportation Benefit</i>	Not Met	40%	50%
	<i>Improving Timeliness of Follow-Up Care After Hospitalization for Mental Illness</i>	Met	100%	100%
CMSN	<i>Administration of the Transportation Benefit</i>	Not Met	40%	43%
	<i>Metabolic Monitoring for Children and Adolescents on Anti-Psychotics</i>	Not Met	17%	22%
	<i>Youth Transitions to Adult Care</i>	Not Met	0%	10%
	<i>Reducing Asthma Related PPEs for Pediatric Members</i>	Not Met	0%	11%
CCP	<i>Administration of the Transportation Benefit</i>	Partially Met	80%	71%
	<i>Integrating Primary Care and Behavioral Health</i>	Partially Met	80%	75%
FCC	<i>Administration of the Transportation Benefit</i>	Met	100%	88%
	<i>Integrating Primary Care and Behavioral Health</i>	Not Met	17%	11%
Humana	<i>Administration of the Transportation Benefit</i>	Met	100%	100%
	<i>Follow-Up From a Mental Health or Intent for Self-Harm Admission 30 & 7 Days</i>	Met	100%	100%
Lighthouse	<i>Administration of the Transportation Benefit</i>	Met	100%	100%
	<i>Improving Antidepressant Medication Management</i>	Met	100%	100%
Magellan	<i>Administration of the Transportation Benefit</i>	Not Met	20%	29%
	<i>Youth Intervention Psychotropic Program</i>	Not Met	20%	38%

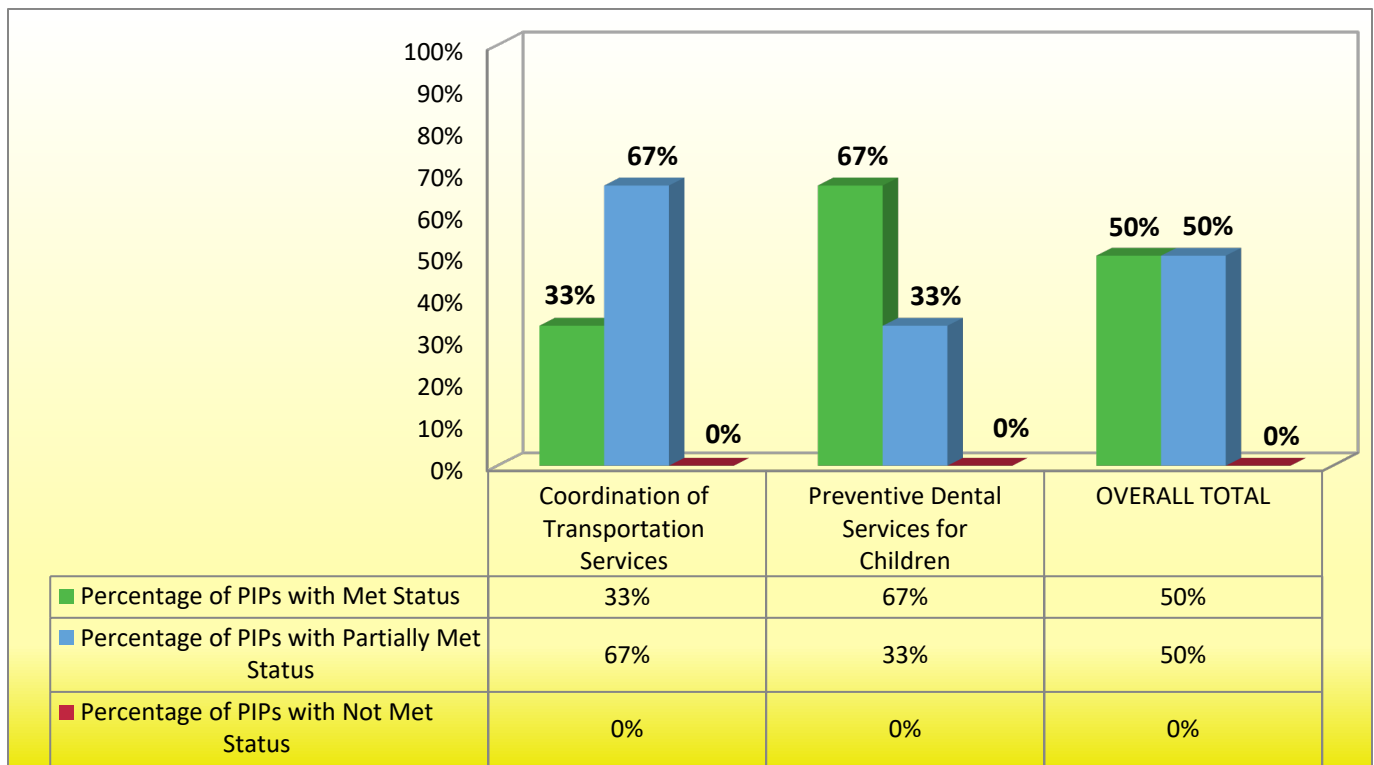
Plan Name	PIP Name	Validation Status	Percentage Score of Critical Elements Met	Percentage Score of Evaluation Elements Met
Miami Children's	<i>Administration of the Transportation Benefit</i>	Met	100%	100%
	<i>Improving Antidepressant Medication Management</i>	Met	100%	100%
Molina	<i>Administration of the Transportation Benefit</i>	Met	100%	100%
	<i>Follow-Up After Hospitalization for Mental Illness</i>	Met	100%	100%
Prestige	<i>Administration of the Transportation Benefit</i>	Partially Met	80%	88%
	<i>Adherence to Antipsychotic Medications for Individuals with Schizophrenia</i>	Partially Met	40%	63%
Simply	<i>Administration of the Transportation Benefit</i>	Partially Met	80%	88%
	<i>Behavioral Health Screenings by a PCP</i>	Partially Met	80%	89%
Staywell	<i>Administration of the Transportation Benefit</i>	Not Met	67%	63%
	<i>Improving Behavioral Health and Primary Care Integration</i>	Not Met	0%	13%
Sunshine	<i>Administration of the Transportation Benefit</i>	Met	100%	100%
	<i>Follow-Up After Hospitalization for Mental Illness</i>	Met	100%	100%
United	<i>Administration of the Transportation Benefit</i>	Met	100%	100%
	<i>Follow-Up After Hospitalization for Mental Illness</i>	Met	100%	100%
Vivida	<i>Administration of the Transportation Benefit</i>	Met	100%	100%
	<i>Improving Antidepressant Medication Management</i>	Met	100%	100%

Dental Plans PIP Validation Results

Overall

Figure 4-2 displays the percentage of dental plan PIPs receiving a *Met*, *Partially Met*, and *Not Met* overall validation status by PIP topic. A total of three dental plans initiated six PIPs. Each dental plan submitted the state-mandated *Coordination of Transportation Services* PIP and *Preventive Dental Services for Children* PIPs. The percentage results in the validation status graph must be interpreted with caution due to the small number of dental plans (three) conducting these PIPs.

Figure 4-2—Overall Validation Status of Dental Plans PIPs by PIP Topic



Across the dental PIPs, 50 percent received an overall *Met* validation status, and the remaining 50 percent received an overall *Partially Met* validation status. The plans performed better for the *Preventive Dental Services for Children* PIP; however, the overall performance suggests an opportunity for improvement for the documentation of the study design. For both PIPs, deficiencies were noted regarding the documentation of a clear, step-by-step data collection process.

Dental Plan-Specific Results

Table 4-3 depicts the plan-specific validation results of the dental plan PIPs for the SFY 2018–2019 validation cycle. The dental plans had not progressed to reporting data this validation cycle. The plan-specific PIP study indicator results will be included in future reports.

Table 4-3—Dental Plan-Specific PIP Validation Results

Plan Name	PIP Name	Validation Status	Percentage Score of Critical Elements Met	Percentage Score of Evaluation Elements Met
DentaQuest	<i>Coordination of Transportation Services</i>	Partially Met	80%	71%
	<i>Preventive Dental Services for Children</i>	Partially Met	80%	88%
Liberty	<i>Coordination of Transportation Services</i>	Partially Met	86%	80%
	<i>Preventive Dental Services for Children</i>	Met	100%	100%
MCNA	<i>Coordination of Transportation Services</i>	Met	100%	100%
	<i>Preventive Dental Services for Children</i>	Met	100%	100%

High-Level Review

During SFY 2018–19, the health plans submitted two PIPs and the dental plans submitted one PIP for high-level review. A high-level review by HSAG consisted of reviewing the PIP submissions for alignment with the agency-defined PIP study design and inserting feedback comments in the PIP Submission Form. HSAG did not complete a validation tool for these PIPs.

The high-level review PIP topics included the state-mandated topics focused on *Reducing Potentially Preventable Hospital Events* and *Improving Birth Outcomes*. For CMSN specialty plan, exceptions were made to the state-mandated PIP topics because the topics were not applicable to the population served. The dental plan PIP topic was also state-mandated and focused on reducing potentially preventable dental-related ED visits.

The study design and the study indicators’ baseline data submitted for high-level reviews were provided by the Agency. HSAG reviewed the PIPs and provided feedback on whether the plans’ documentation was in accordance with the Agency’s specifications and aligned with the PIP requirements in keeping with the CMS protocols.

Going forward, the remeasurement data for these PIPs will also be provided by the Agency. HSAG will review these PIPs for the appropriateness of the documented improvement strategies and whether the plans met their contractually mandated goals.

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 4-4 lists the identified overall strengths, opportunities for improvement, and recommendations for the plans.

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

<p>Overall Strengths</p>	<p>PIP Design and Documentation</p> <ul style="list-style-type: none"> • For both the <i>Administration of Transportation Benefit</i> PIP and plan-selected PIP related to either Behavioral Health or Integration of Mental Health Care with Primary Care, eight of the 15 (53 percent) health plans were compliant for all critical evaluation elements. • 13 of the 15 (87 percent) plan-selected PIP topics were supported by data. • 12 of the 15 (80 percent) health plans were compliant for defining the study indicators for the <i>Administration of Transportation Benefit</i> PIP accurately. • All three (100 percent) dental plans were compliant in the documentation of study question, population, and study indicators.
<p>Opportunities for Improvement</p>	<p>PIP Design and Documentation</p> <ul style="list-style-type: none"> • The plans must follow the agency-defined specifications and HSAG’s documentation requirements detailed in the PIP Completion Instructions for each step completed in the submission form. The documentation requirements align with the CMS protocols for implementing and validating PIPs. Nearly half of the health plans and two of the three (67 percent) dental plans need to improve compliance related to the documentation requirements for the critical evaluation elements. • Across the noncompliant PIPs for both the health/dental plans, most opportunities for improvement were identified regarding documentation of accurate data collection processes.
<p>Recommendations</p>	<p>PIP Design and Documentation</p> <ul style="list-style-type: none"> • For agency-defined PIPs, the health/dental plans must accurately document agency-defined specifications in the PIP Submission Form. Review and validation of required documentation is important in determining whether the PIP is designed, conducted, and reported in a methodologically sound manner. The Agency should continue to conduct PIP meetings with the health/dental plans to communicate expectations for documenting and conducting the state-mandated PIPs. • Health/dental plans should ensure all vendors and staff are trained in collecting accurate, relevant data. Accurate data collection is important to ensuring that the data used to measure performance of the PIP indicators are valid and reliable. <p>Quality Improvement Strategies</p> <ul style="list-style-type: none"> • As the health/dental plans progress to completing QI activities, they must use appropriate QI tools such as process mapping, failure modes and effects analysis,

and a key driver diagram to identify and prioritize barriers toward desirable PIP outcomes. The use of QI tools will enhance the plans' ability to identify relevant barriers and implement successful QI strategies that result in real, sustained improvements to plan processes and health outcomes for Medicaid enrollees.

- The health/dental plans must implement actionable, innovative interventions that have the potential to positively impact study indicator outcomes. Interventions are key to bringing about improved health outcomes for clinical PIPs and systemwide improvements in nonclinical PIPs.

Technical Assistance

- 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.

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 AHCA completed in response to HSAG’s recommendations during SFY 2017–2018.

Table 5-1—HSAG Recommendations With AHCA Actions

HSAG Recommendation	AHCA Action
Performance Improvement Projects	
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 Plan-Do-Study-Act (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.	AHCA met with the plan Quality Directors in June and November 2019 and discussed plans’ PIP submissions and needed revisions. Beginning in June 2019, Quality Bureau and other AHCA staff met with the plans and other stakeholders monthly to discuss PIP interventions related to Potentially Preventable Events and Birth Outcomes.
AHCA 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.	Since spring 2019, Quality Bureau staff members have worked with the plans and stakeholders to identify evidence-based interventions and obtain consensus around several focused interventions on which the plans will focus.
AHCA should encourage the plans to conduct accurate data analyses of study indicator results and appropriate statistical testing between each study indicator remeasurement rate and the baseline rate to evaluate PIP progress toward achieving and sustaining statistically significant improvement in study indicator outcomes.	AHCA can review methods to conduct accurate data analyses of study indicator results and appropriate statistical testing to achieve and sustain statistically significant improvement in study indicator outcomes during the PIP workgroup meetings.
AHCA should encourage the plans’ use of active, innovative improvement strategies that have the potential to directly and positively impact study indicator outcomes for each PIP.	AHCA has facilitated workgroups with the health plans and stakeholders on PPEs and birth outcomes that identify evidence-based best practices for interventions that will positively impact outcomes.
AHCA 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.	AHCA will be conducting quarterly targeted PIP monitoring on the plans’ interventions to ensure there is positive impact on the PIPs. The PIP monitoring will serve as AHCA’s evaluation of the plans’ interventions, and a call will be held with plans to discuss findings and next steps.
Performance Measure Validation	
LTC Plans: Based on a review of the FARs, HSAG found that all the LTC plans’ audits 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 AHCA-defined performance	AHCA has this recommendation under consideration.

HSAG Recommendation	AHCA Action
<p>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 AHCA 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 AHCA-defined measures.</p>	
<p>Improvement efforts should be focused on measures with RY 2018 rates falling below AHCA’s performance targets by at least 10 percentage points, as listed below.</p> <ol style="list-style-type: none"> Pediatric Care—Lead Screening in Children, Immunizations for Adolescents—Combination 1, and Annual Dental Visit—Total Living With Illness—Medication Management for Patients on Persistent Medications—Medication Compliance 75%—Total. Access/Availability of Care—Adults’ Access to Preventive/Ambulatory Health Services—Total 	<p>AHCA continues to monitor plan performance on all MMA performance measures. Plans are now required to report quarterly action plans as opposed to biannual action plans to better gauge if targets are being met. This allows opportunities to intercede before targets are missed.</p>
<p>HSAG recommends that MMA plans develop improvement strategies to target the measures listed above. For example, MMA plans could investigate root causes associated with low performance based on the care provided to children and thereby target improvement activities that could increase compliance on numerous indicators of care such as <i>Immunizations for Adolescents</i>.</p>	<p>AHCA monitors plan performance on all performance measures. Plans develop improvement strategies and describe them generally in the QI plans as well as more specifically in their PIPs. AHCA considers this part of regular operations.</p>
<p>LTC plans should investigate the root cause of the noncompliance for the <i>Required Record Documentation—Freedom of Choice Form and Plan of Care—LTC Service Authorizations</i>; and <i>Case Manager Training</i> measures.</p> <ul style="list-style-type: none"> Specifically, for <i>Required Record Documentation—Freedom of Choice Form and Plan of Care—LTC Service Authorizations</i>, LTC plans should ensure proper documentation is maintained for enrollees. For <i>Case Manager Training</i>, LTC plans should ensure proper and timely training of their case managers regarding the mandate to report abuse, neglect, and exploitation. 	<p>AHCA staff review and monitor LTC case files from each plan every quarter and provide feedback on case file documentation to the plans. AHCA may impose liquidated damages in cases where a plan’s case files are deficient and do not meet particular thresholds.</p>

HSAG Recommendation	AHCA Action
Review of Compliance	
2017–2018 Recommendations	
<p>In accordance with 42 CFR §438.358(b)(1)(iii), AHCA should continue working internally to enhance its systematic reviews by conducting a comprehensive compliance review every three years to determine each plan’s adherence to all federal standards in subparts D and E. AHCA should also continue to work in partnership with the EQRO for planning and executing the mandatory three-year compliance review.</p>	<p>AHCA selected a team of staff that meet regularly to work on developing a compliance review process in accordance to federal EQR protocols. AHCA contracted with the EQRO to develop a standardized compliance review tool to document compliance.</p>
<p>HSAG recommends that, in accordance with 42 CFR §438.358(b)(1)(iii), AHCA enhance the monitoring system already in place to include all federal requirements to determine each plan’s adherence to the standards in subparts D and E. In addition to a comprehensive three-year compliance review, HSAG recommends the following for AHCA:</p> <ul style="list-style-type: none"> • Establish an agency-wide methodology when conducting monitoring and review activities to provide a uniform method of ensuring that plans meet the federal and state requirements for managed care programs. • Develop a standardized tool to allow multiple AHCA groups to document compliance with an established threshold and determine the plans as fully compliant only when all elements of the standard are present. • Produce a summary document that details the plans’ noncompliance with contract requirements and/or federal standards so that the plans can make improvements. • Determine which plans and which standard categories need more technical assistance to improve performance, based on information from the compliance review and monitoring that occurs throughout the year. 	<p>AHCA selected a team of staff that are tasked with developing a compliance review process in accordance with all federal EQR protocols.</p> <p>AHCA contracted with the EQRO to develop a standardized compliance review tool to document compliance. AHCA is working on updating the tool to include a column that will identify the functional units within the Agency that will be responsible for conducting compliance activities and completing the standardized tool.</p> <p>An AHCA-selected team of staff will also be working on developing a timeline for completing compliance activities. The compliance timeline will include anticipated dates for establishing an agency-wide methodology for conducting monitoring and the anticipated dates in which functional units will be responsible for summarizing plans' compliance and noncompliance with federal and state contract requirements.</p>
<p>The plans should anticipate compliance reviews and maintain a checklist of compliance activities to determine internal issues with their own processes. The plans could use the federal standards as required and conduct internal risk assessments to</p>	<p>AHCA selected a team of staff that are tasked with developing a compliance review process. A compliance review "kick-off" meeting has been added to the timeline to provide guidance</p>

HSAG Recommendation	AHCA Action
<p>identify and promptly address any deficiencies. Specifically, the plans should focus efforts on Provider Network, Administration and Management, Reporting, Quality and Utilization Management, and Covered Services standards.</p>	<p>to the plans regarding the compliance process, responsibilities, and expectations.</p>
Validation of Encounter Data (EDV)	
2016–2017 Recommendations⁵⁻¹	
<p>AHCA should work with its Medicaid Management Information System (MMIS) data vendor to develop a standardized process to track and identify the final adjudication record of an encounter. AHCA and its data vendor should develop an algorithm that is in alignment with the assignment of the internal control numbers (ICNs) according to the type of encounter transaction and how the encounter was received. AHCA should also consider enhancing current submission requirements to ensure adjusted encounters are submitted appropriately to better identify the final status records in AHCA’s encounter data.</p>	<p>AHCA continues to explore ways to improve its auditing capabilities to track the “latest” encounter in a string of voids, adjustments, and resubmissions.</p>
<p>AHCA should consider requiring the plans to audit provider encounter submissions for completeness and accuracy. AHCA may want to require the plans to develop periodic provider education related to dental record documentation and coding practices.</p>	<p>AHCA tracks the measures monthly for timeliness and accuracy. AHCA continues to discuss methods for measuring completeness.</p>

⁵⁻¹ The EDV activity was not conducted in 2017–2018.

Appendix A. Plan Names/Abbreviations

SFY 2018–2019 SMMC Plan-Approved Naming Convention

This list includes shortened names and abbreviations for the plans participating in PIPs.



COMPREHENSIVE PLANS

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



MANAGED MEDICAL ASSISTANCE (MMA) PLANS

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



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-SMI-S*)
- Sunshine State Health Plan, Inc. (Child Welfare Specialty Plan) (*Sunshine-S / SUN-CW-S*)



LONG-TERM CARE PLUS PLAN

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

SFY 2018–2019 SMMC Plan-Approved Naming Convention

This list includes shortened names and abbreviations for the plans participating in PMV.



MANAGED MEDICAL ASSISTANCE (MMA) PLANS

- Coventry Health Care of Florida, Inc. (*Coventry / COV-M*)
- Humana Medical Plan, Inc. (*Humana / HUM-M*)
- Molina Healthcare of Florida, Inc. (*Molina / MOL-M*)
- Prestige Health Choice (*Prestige/PRS-M*)
- Simply Healthcare Plan, Inc. (*Simply / SHP-M*)
- South Florida Community Care Network, DBA Community Care Plan (*Community Care Plan / CCP-M*)
- Sunshine State Health Plan, Inc (*Sunshine / SUN-M*)
- United Healthcare of Florida, Inc. (*United / URA-M*)
- Wellcare d/b/a Staywell Health Plan of Florida, Inc. (*Staywell / STW-M*)



LONG-TERM CARE PLUS PLAN

- Coventry Health Care of Florida, Inc. (*Coventry / COV-L*)
- Humana Medical Plan, Inc. (*Humana / HUM-L*)
- Molina Healthcare of Florida, Inc. (*Molina / MOL-L*)
- Sunshine State Health Plan, Inc. (*Sunshine / SUN-L*)
- United Healthcare of Florida, Inc. (*United / RA-L*)



SPECIALTY PLANS

- Children’s Medical Services Network - Staywell (*CMSN / CMS-S*)
- Clear Health Alliance (*Clear Health / CHA-S*)
- Magellan Complete Care (*Magellan / MCC-S*)
- Sunshine State Health Plan, Inc. (*Sunshine / SUN-S*)

Appendix B. 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 plans and one method for the LTC plans. For the MMA plans, 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 MMA 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 Plans

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

Table B-1—Key PMV Steps Performed by HSAG for MMA 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 an MMA plan used a software vendor to produce measure rates, HSAG assessed whether the MMA plan contracted with a vendor that achieved NCQA Measure Certification ^{SM, B-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, B-2} was not used, the LOs reviewed the MMA 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

^{B-1} NCQA Measure CertificationSM is a service mark of the NCQA.

^{B-2} HEDIS Certified MeasuresSM is a service mark of the NCQA.

PMV Step	Associated Activities Performed by HSAG
	and administrative data were combined appropriately, and numerator events were counted accurately).
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 MMA 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 MMA 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.
Health Plan Quality Indicator Data File Review	The MMA plans are required to submit a health plan quality indicator data file for the submission of audited rates to AHCA. The file should comply with the AHCA-specified reporting format and contain the denominator, numerator, and reported rate for each performance measure. HSAG evaluated whether there was any documentation in the FAR to show that the LOs performed a review of the health plan quality indicator data file.

LTC Plans

For the LTC plans, 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 LTC plan. The performance measure report contained all rates calculated and reported by the LTC plan. According to AHCA’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 LTC 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 AHCA.
- 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 LTC 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 *AHCA Health Plan Report Guide*.

Appendix C. Plan-Specific PIP Validation Results

Table C-1 below displays the evaluation elements that were assessed and the performance of the health plans on those evaluation elements. For the *Administration of the Transportation Benefit* PIP, most deficiencies noted were related to documentation of a clear, step-by-step data collection process and study population definition. For the *Behavioral Health or Integration of Mental Health Care with Primary Care* PIP, most opportunities for improvement involved documentation of the study question, definitions of the study indicator(s), and a step-by-step data collection process.

Table C-1—Overall Performance of the Health 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			
	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	13	1	1	0
PIP has the potential to affect enrollee health, functional status, or satisfaction.	14	1	0	0	14	1	0	0
Study question(s) was stated in simple terms and in the recommended X/Y format. C*	13	2	0	0	9	6	0	0
Study population was accurately and completely defined and captured all enrollees to whom the study question(s) applied. C*	11	4	0	0	11	4	0	0
Study indicator(s) was well-defined, objective, and measured changes in health or functional status, member satisfaction, or valid process alternatives. C*	12	3	0	0	10	5	0	0
The plan included the basis on which the indicator(s) was developed, if internally developed.	0	0	0	15	2	1	0	12
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).	11	3	1	0	11	4	0	0
A clearly defined and systematic process for collecting baseline and	7	5	0	3	10	5	0	0

PIPs	Administration of the Transportation Benefit				Behavioral Health or Integration of Mental Health Care with Primary Care			
	Met	Partially Met	Not Met	NA	Met	Partially Met	Not Met	NA
remeasurement data for the study indicator(s). C*								
A manual data collection tool that ensured consistent and accurate collection of data according to indicator specifications. C*	0	0	0	15	0	1	1	13
The percentage of administrative data completeness following allowable claims lag and the process used to calculate the percentage.	3	1	0	11	6	1	2	6
The plan included accurate, clear, consistent, and easily understood information in the data table. C*, ^	0	0	1	0	0	0	0	0

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.

^ Only one health plan (Staywell) reported data for the Administration of the Transportation Benefit PIP in the 2018–2019 PIP Submission Form.

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

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

PIPs	Coordination of Transportation Services				Preventive Dental Services for Children			
	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

PIPs	Coordination of Transportation Services				Preventive Dental Services for Children			
	Met	Partially Met	Not Met	NA	Met	Partially Met	Not Met	NA
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 plan included the basis on which the indicator(s) was developed, if internally developed.	0	0	0	3	0	0	0	3
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).	1	2	0	0	3	0	0	0
A clearly defined and systematic process for collecting baseline and remeasurement data for the study indicator(s). C*	1	2	0	0	2	1	0	0
A manual data collection tool that ensured consistent and accurate collection of data according to indicator specifications. C*	0	0	0	3	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
A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools. C*, ^	1	0	0	0	1	0	0	0
Barriers that were identified and prioritized based on results of data analysis and/or other quality improvement processes. ^	1	0	0	0	1	0	0	0
Interventions that were logically linked to identified barriers and have the potential to impact study indicator outcomes. C*, ^	1	0	0	0	1	0	0	0

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.

^ Only one dental plan (Liberty) reported Step VIII in the 2018–2019 PIP Submission Form.

Appendix D. PIP Validation Methodology

In its annual PIP validation, HSAG used the Department of Health and Human Services, CMS publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.^{D-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 be directly 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 PIP's compliance with each of the 10 steps listed in the CMS protocols. 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

^{D-1} Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): 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-3.pdf>. Accessed on: Jan 21, 2020.

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.

The goal of HSAG's PIP validation will be to ensure that the Agency and other key stakeholders can have confidence that any reported improvement in outcomes is related to a given PIP. 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 evaluation 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, or Not Met.