MEDICAID MANAGED CARE PLAN TRANSPARENCY

Florida needs more Agency & Legislative oversight of the $34 Billion contracts between AHCA and Florida's Managed Care Plans.

Lawmakers should be receiving comprehensive, timely information about the performance of Florida's Medicaid Managed Care Plans at coordinating care for the 5 million Floridians who depend on their services. Current resources available on the state's website are not timely, are difficult to find, and do not provide the level of detail needed to determine whether plans are adequately meeting the contract requirements set forth by AHCA.

It is imperative that lawmakers obtain regular reporting to ensure the state is driving positive outcomes in these critical areas and more:

- Improved access to Medicaid services / Network adequacy

- Providers are credentialed and loaded in a timely manner

- Improved care coordination to reduce unnecessary and costly utilization

- Metrics on meeting contracted standards for prior authorizations and prompt pay

- Tracking of assistance for patients to receive community and step-down care

MEDICAID HEALTH PLAN PERFORMANCE DASHBOARD

increasing transparency to demonstrate accountability in state programs... the Florida Medicaid Plan Performance Dashboard which measures the performance of Statewide Medicaid Managed Care Program (SMMC) health plans compared to individual plan targets, national benchmarks, and other plans in the SMMC program.

- The Medicaid Dashboard provides real-time data on the performance of Florida's Medicaid program as administered by the health plans. **Read More**
- Florida's Medicaid Dashboard is the most comprehensive real-time progress report on health plan performance of any state Medicaid program. **Read More**
- Florida is leading the way as the first state to publish Medicaid health plan performance data on a variety of performance metrics. **Read More**
- We have selected information for the Medicaid Dashboard that includes:

• How health plans support effective use of health care services by their Medicaid members, including emergency rooms, community mental health, and primary care.

• How easy it is for health plan members to get services and travel to those services.

• How well health plans are supporting healthy birth outcomes.

• Health plan administrative performance.

- The Medicaid Dashboard will continue to evolve as we work with our health plans to continue to increase transparency and push performance.

Click a health plan icon to view its Dashboard. On each Dashboard, the plan is scored on a variety of measures. Hover over any section to see plain language definitions of each measure. It is important to note that a better plan rank does not necessarily mean that the plan is exceeding quality expectations.

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MEDICAID MANAGED CARE PLAN TRANSPARENCY

Plan Performance Dashboard

- View information about plan performance against the statewide average
- Quarterly reporting to drive real-time decision-making
- Tracking of potentially preventable events

Potentially Preventable Events (PPEs)
A lower rate is better

Emergency Department Visits		Hospital Admissions		Hospital Readmissions	
Plan Rate	10 37 🟢	Plan Rate	1 45 🔴	Plan Rate	45 01 🟢
Target Rate	10 43	Target Rate	1 53	Target Rate	57 20

Hospital Utilization
A lower rate is better

Children

	Plan Rate	Statewide Rate
Emergency Department Visits	33 79	37 15
Inpatient Medical Admissions	3.96	4.01
Inpatient Psychiatric Admissions	0 28	0 49
Readmissions	44 50	71 76
Super-utilizers	5 18	5 53

Follow-up After Hospital Visit
A higher rate is better

Children

Follow-up After:	Plan Rate	Plan Rank
Emergency Department Visit for Alcohol/Drug Abuse or Dependence in 7 Days		
Emergency Department Visit for Alcohol/Drug Abuse or Dependence in 30 Days		
Emergency Department Visit for Mental Illness in 7 Days	40 00%	1 of 10
Emergency Department Visit for Mental Illness in 30 Days	60 00%	5 of 11
Hospitalization for Mental Illness in 7 Days	54 62%	11 of 12
Hospitalization for Mental Illness in 30 Days	86 27%	2 of 12

Delivery System Performance
A lower rate is better

Missed Long-Term Care (LTC) Services

Service Type	# of Missed Services	Plan Rate	Plan Rank
Personal Care Visits	56	7 80	2 of 7
Home-Delivered Meals	0	0 00	1 of 7
Homemaker Services	20	2 79	2 of 7
Adult Companion Visits	4	0 56	2 of 7

Missed Transportation Trips

Trips to or from:	# of Missed Trips	Plan Rate	Plan Rank
Behavioral Health	15	1 66	7 of 12
Dialysis	26	2 87	9 of 12
Physician	61	6 73	7 of 12
Therapy	14	1 54	4 of 12
All Other Trips	49	5 41	5 of 12

To amend chapter 409.975

• The Agency for Health Care Administration shall develop quarterly dashboards and publish them on its website no later than 60 days after the close of each quarter. The Agency shall include, for each managed care plan:

- *(Provider Loading)*
  o The percentage and total number of providers for which a submitted provider application has been fully loaded and processed for provider billing within 60 days.
  o The percent and total number of providers for which a submitted provider application has not been fully loaded and processed for provider billing in excess of 60 days.
- *(Prompt pay)*
  o The percentage and total number of claims rejected prior to review.
  o The percentage of clean claims paid within 7 days.
  o The percentage of clean claims paid within 10 days.
  o The percentage of clean claims paid within 20 days.
  o The percentage of clean claims paid within excess of 20 days.
- *(Case Management)*
  o The percentage and total number of plan enrollees that require a case manager.
  o The percentage of plan enrollees with an assigned case manager that had an encounter with their case manager in the last quarter.
  o Quality initiative dashboards which include rates per 1,000 member months of Potentially Preventable Emergency Room Visits (PPV) and Potentially Preventable Admissions (PPA) stratified by age group, race, and gender.
  o A quality initiative dashboard which includes rates per 1,000 admissions of Potentially Preventable Readmissions (PPR) stratified by age group, race, and gender.
- *(Network Adequacy)*
  o The percentage and total number of network providers that accepted a new plan enrollee in the last quarter.
  o The percentage and total number of network providers that treated a Medicaid enrollee in the last quarter.

• The Agency shall make public and publish on its website a dashboard on MMA plan complaints which includes the following measures:

  o Number of MMA enrollees as of the end of the quarter
  o Number of complaints received as of the end of the quarter
  o Number of issues per 1,000 enrollees
  o Number of beneficiary issues resolved
  o Number of provider issues resolved
  o Number of issues pending for resolution as of the end of the quarter

• The Agency shall develop quality measures and require managed care plans to submit quality reporting metrics on the following areas of care:
  o Timely follow up to community mental health services following discharge from the psychiatric unit;
  o Timely access to prenatal care for mothers; and
  o Emergency department diversion strategies

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