

Quality Directors Meeting Spring 2022

Agency for Health Care Administration
State of Florida



Agenda

- Clinical Compliance Monitoring Projects
- Plan Progress on Performance Improvement Projects
- Performance Measure and Survey Results and Updates
- Performance Measure Validation
- Encounter Data Validation
- Florida SHIP Objectives
- Legislative Update



Clinical Compliance Monitoring Unit

Spring 2022 Update

Quality Directors Meeting---April 13, 2022

Presented By: Savetra Robinson, AHCA Administrator,
Clinical Compliance Monitoring Unit



Upcoming Targeted Monitoring Projects Discussion

Two projects
underway

- Health Risk/Oral Health Risk Assessments
- Preferred Drug List



Health Risk/Oral Health Risk Assessments



Plans Must Follow New Enrollee Procedures

The Agency requires health plans to follow the contract's new enrollee procedures (Attachment II, Exhibit II-A, Section V1.D.2 of the MMA contract and Attachment II, Section VI.E.3 of the Dental contract).

- The Managed Care Plan shall contact each new enrollee at least twice, if necessary, within sixty (60) days of the enrollee's enrollment to offer to schedule the enrollee's initial appointment with the PCP and to complete an initial health risk assessment.
- The Dental Plan shall contact each new enrollee, at least twice, if necessary, within ninety (90) days of the enrollee's enrollment to conduct an initial oral health risk assessment of the enrollee's needs, and to offer to schedule the enrollee's initial appointment with the PDP, which should occur within one hundred eighty (180) days of enrollment.
- "Contact" is defined as mailing a notice to or telephoning an enrollee at the most recent address or telephone number available. Contact shall also include emailing as permitted by Attachment II, Scope of Service - Core Provisions, Section V.B.3, Requirements for Mailing Materials to Enrollees.



HRA Target Populations

The Managed Care Plan shall comply with the following standards, measured on a quarterly basis, for completion of health risk assessments within sixty (60) days of enrollment for enrollees who are identified by the Agency enrollment files as being pregnant or diagnosed with a serious mental illness.

- Health risk assessments are completed on at least seventy percent (70%) of pregnant enrollees.
- Health risk assessments are completed on at least fifty percent (50%) of enrollees diagnosed with a serious mental illness.



HRA Target Populations

The Managed Care Plan shall comply with the following standards, measured on a quarterly basis, for completion of health risk assessments within sixty (60) days of receipt of a claim or encounter indicating that a new enrollee is diagnosed with diabetes or asthma.

- Health risk assessments are completed on at least fifty percent (50%) of enrollees diagnosed with diabetes.
- Health risk assessments are completed on at least fifty percent (50%) of enrollees diagnosed with asthma.



OHRA Target Populations

The Dental Plan shall ensure that oral health risk assessments are completed within sixty (60) days of enrollment into the Dental Plan on:

- At least fifty percent (50%) of enrollees under the age of twenty-one (21) years (as identified by the Agency through enrollment files provided to the Dental Plan).
- At least seventy percent (70%) of all pregnant enrollees (as identified by the Agency through enrollment files provided to the Dental Plan).
- At least fifty percent (50%) of enrollees diagnosed with developmental disability (as identified by the Agency through enrollment files provided to the Dental Plan).



HRA Compliance 3rd Quarter 2021

Targeted Population	Plans Meeting Standard	Plans Not Meeting Standard
Pregnant Enrollees	3	12
Enrollees with SMI Diagnosis	7	8
Enrollees with Diabetes Diagnosis	4	11
Enrollees with Asthma Diagnosis	5	10

HRA Compliance 4th Quarter 2021

Targeted Population	Plans Meeting Standard	Plans Not Meeting Standard
Pregnant Enrollees	0	13
Enrollees with SMI Diagnosis	3	11
Enrollees with Diabetes Diagnosis	3	11
Enrollees with Asthma Diagnosis	4	10

OHRA Compliance 3rd Quarter 2021

Targeted Population	Plans Meeting Standard	Plans Not Meeting Standard
Pregnant Enrollees	1	2
Enrollees Under Age 21	1	2
Enrollees with Developmental Disabilities	1	2

OHRA Compliance 4th Quarter 2021

Targeted Population	Plans Meeting Standard	Plans Not Meeting Standard
Pregnant Enrollees	1	2
Enrollees Under Age 21	1	2
Enrollees with Developmental Disabilities	1	2

PURPOSE/OBJECTIVE OF TARGETED MONITORING REVIEW

To determine and address the root cause for health plans not completing HRAs/OHRAs at the level required by contract.

- Why are HRAs/OHRAs not being completed?
- Why are health and dental plans not meeting the standard for completing their HRAs/OHRAs?
- What barriers are health plans encountering as they attempt to complete their HRAs/OHRAs?
- What are the health plans doing to resolve these barriers/issues?
- What is the process used by health/dental plans in completing the HRAs/OHRAs?



GOALS

The focus of the targeted monitoring is to determine if health plans have supporting documentation in enrollee case files for the population groups and diagnoses as specified in their SMMC 2018 Readiness documents.

- Verify if health plans are following contract requirements for HRA/OHRA outreach for targeted diagnoses.
- Determine if health plans are identifying and stratifying enrollee population by risk/severity.
- Determine if health plans are engaging with enrollees identified as a target population within thirty (30) days of enrollment/identification.
- Determine if health plans identify enrollees who have not received a health screening.
- Determine if there are possible barriers which may be hindering enrollee outreach and engagement.
- Determine the types of barriers that are preventing the health plans from completing their health risk assessments.
- Determine successful strategies utilized by plans for completing risk assessments.



DESIRED OUTCOME

The identification of successful strategies and best practices that can be shared with all managed care plans to improve completion percentages of risk assessments.

ANTICIPATED COMPLETION DATE

June 2022



Preferred Drug List (PDL) Compliance



Plans Must Follow the Agency PDL

- The Agency requires health plans to follow the Agency PDL (Attachment II, Exhibit II-A, Section V1.A.a.(16) of the SMMC contract).
 - The Managed Care Plan may make available generic drugs in a therapeutic category that are not on the Agency's Medicaid PDL, unless a brand-name drug containing the same active ingredient is on the Agency's Medicaid PDL.



Policy PDL Compliance Documents

- Statewide Medicaid Managed Care (SMMC) Contract Interpretation: 2020-01
- Statewide Medicaid Managed Care (SMMC) Program Preferred Drug List Compliance Frequently Asked Questions
 - Shared with Plans on September 11, 2020
 - Agency Communications to SMMC Plans

https://ahca.myflorida.com/medicaid/statewide_mc/mcp_plan_comunications_archive.shtml



Preferred Drug List (PDL) Compliance Monitoring

- Clinical Compliance Monitoring Unit (CCMU) reviews PDL compliance data monthly.
- The Weekly Comprehensive Drug List is used to identify drugs for inclusion in monthly monitoring activities.
 - Plan Brand Preferred List
 - Plan Preferred Non-PDL Brand list



PDL Compliance Rates

- Plans are expected to achieve 100% compliance to the PDL with rare exceptions.
- PDL compliance rates increased following a PDL monitoring in 2019.
- Plans demonstrate 98-100% compliance is consistently achievable.



Preferred Drug List (PDL) Compliance Monitoring

- All non-compliant claims are eligible for liquidated damages (LD) at the discretion of the Agency.
- The Agency may opt to impose LDs for non-compliant claims for:
 - Single-month timeframe,
 - Multiple-month timeframe, or
 - Monthly on-going basis.



Liquidated Damages (LD)

- Attachment II, Section XIV.B.106.
- Inaccurate or incorrect system information resulting in inappropriate adjudication of claims/incorrect payment.
 - \$500 per occurrence.



Compliance Trends During the COVID-19 State of Emergency

January 2020

Percent Compliance	Number of plans within rate range
98-100%	10
<98%	9

October 2020

Percent Compliance	Number of plans within rate range
98-100%	18
<98%	1



Compliance Trends CY 2021-2022

October 2021

Percent Compliance	Number of plans within rate range
98-100%	12
<98%	4

November 2021

Percent Compliance	Number of plans within rate range
98-100%	11
<98%	5



Compliance Trends CY 2021-2022

December 2021

Percent Compliance	Number of plans within rate range
98-100%	11
<98%	5

January 2022

Percent Compliance	Number of plans within rate range
98-100%	11
<98%	5



PDL Monitoring Project

- The monitoring will occur for dates of service in November 2021 and December 2021.
- Drugs included in the monitoring.
 - Plan Brand Preferred List
 - Plan Preferred Non-PDL Brand List
- Plans with 98-100% compliance rates will not be included.



Monitoring Goals and Outcomes

- Goal
 - Plan accountability for compliance to the PDL.
 - Recovery of losses associated with rebates.
- Desired Outcome
 - 100% of plans to maintain 98-100% compliance rates.
 - Avoid non-compliance prompting future initiation of PDL monitoring.



Tasks for Plans

- Pharmacy Benefits Manager (PBM) Processing System is programmed to accurately reimburse pharmacy submitted claims.
- Justify non-compliant claims identified by the Agency
- The Agency will provide the non-compliant claims list and instructions for providing justification for claims.



Performance Improvement Projects (PIPs)

Spring 2022 Update

Quality Directors Meeting---April 13, 2022

Presented by: Christi Melendez, RN, CPHQ

Health Services Advisory Group



Common Themes: Strengths

- The PIPs were methodologically sound.
- Interventions were linked to identified barriers.
- Most plans reported achievement of significant improvement in performance indicator outcomes or achievement of significant clinical or programmatic improvement.



Common Themes: Opportunities for Improvement

- The performance indicator(s) rates and goals documented by the plans for *Improving Birth Outcomes* and *Reducing Potentially Preventable Events* PIPs were not the same as the Agency provided data.
- Plans provided incomplete intervention evaluation processes and data.
- Plans are not addressing HSAG's validation feedback from previous year.



Lessons Learned

- It is important for the plans to use a variety of quality improvement science tools to identify and prioritize barriers/failures/gaps/opportunities for improvement.
- Make data-driven decisions based on intervention effectiveness evaluation results.
- For any evaluation element with validation feedback that is not addressed, and corrections are not made by the plan, the evaluation element should be scored down.
- Each PIP/QI team needs an executive sponsor (e.g., medical director, chief medical officer, or chief executive officer) who takes responsibility for the success of the project and can work to remove organizational barriers when needed.
- At a minimum, the PIP/QI team should include one or more data analysts. Data mining and analysis are crucial components to justify topics and evaluate interventions.



Recommendations



- Plans must include sufficient detail about each intervention.
- Plans should allow enough time to test and refine interventions that have the potential for achieving meaningful and sustained improvement.
- Intervention evaluation data assists the plans in making data-driven decisions about the next steps for an intervention.
- Successful interventions should be adopted plan-wide.



Recommendations



- For unsuccessful interventions, the plans should make data-driven decisions to revise and continue the intervention or discontinue the intervention and revisit the causal-barrier analysis and implement new interventions.
- Plans should consider using quality improvement science tools such as process mapping, failure modes and effects analysis, or key driver diagram to identify and prioritize barriers and opportunities for improvement.
- Plans must address all *Partially Met*, *Not Met*, and any general validation feedback throughout the validation tool.



General Recommendations

Tips

- Communicate with the Agency regarding the data to be included for the *Improving Birth Outcomes and Reducing Potentially Preventable Events* PIPs.
- Evaluate the performance of each intervention and include the most current intervention evaluation data available at the time of the submission date.
- Intervention evaluation data must be collected frequently.
- Accurate and timely data submissions to HSAG are important for state and federal compliance.

Importance of Accurate Data Collection and Submission



Performance Measures and Surveys

Spring 2022 Update
Quality Directors Meeting---April 13, 2022
Presented by: Ashleye Jenkins, MPH and
Rachel M. La Croix, Ph.D., PMP
Bureau of Medicaid Quality

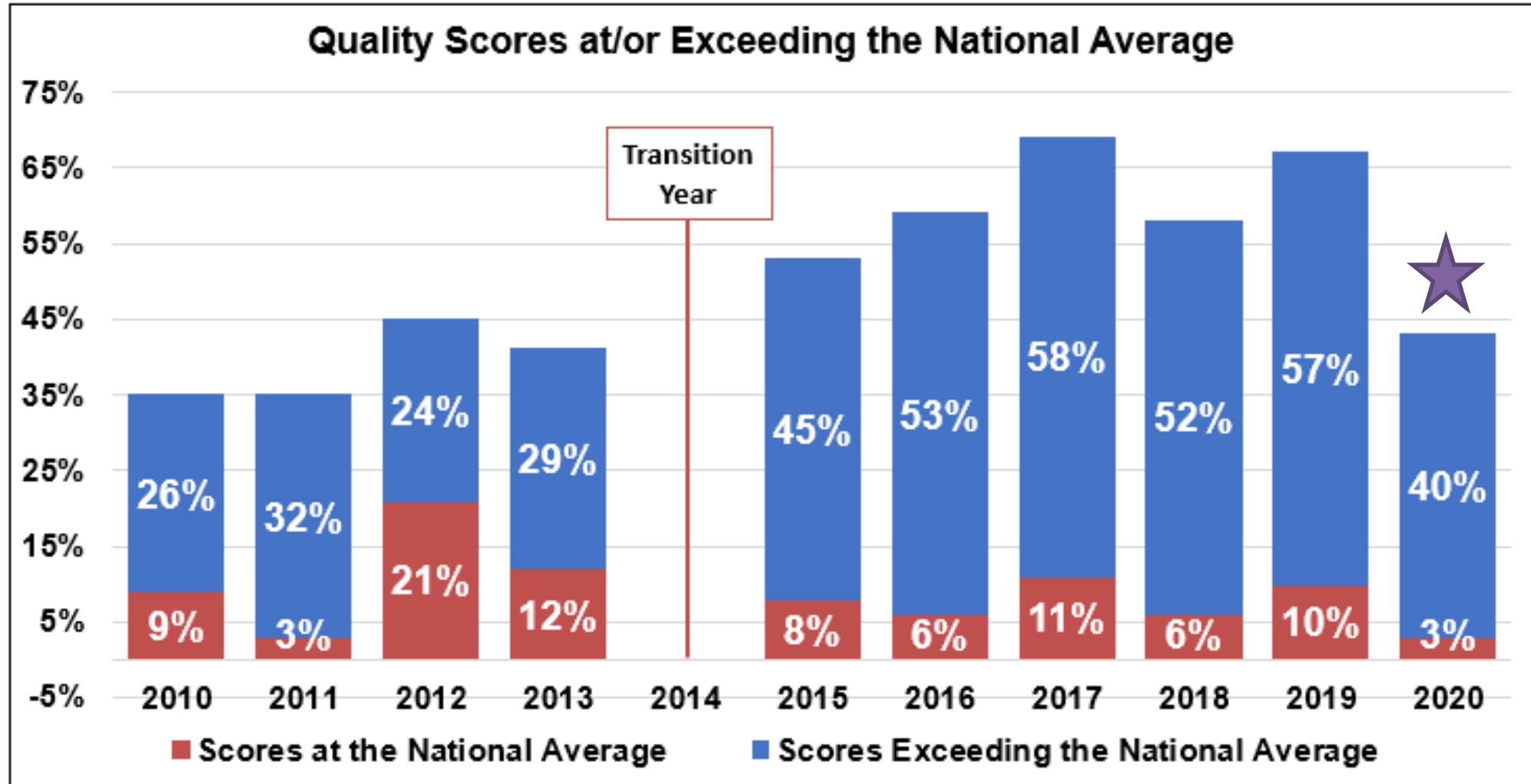




CY 2020
Results



MMA Quality Trends



HEDIS Performance Measure Results

Calendar Years (CY) 2019 and 2020 Florida Medicaid Managed Care Performance Measures - MMA			
Measure	Calendar Year 2019	Calendar Year 2020	
	CY 2019 Weighted Mean	CY 2020 Weighted Mean	CY 2020 compared to CY 2019 Weighted Mean
Adults' Access to Preventive/Ambulatory Health Services - 20-44 years	70%	67%	Lower
Adults' Access to Preventive/Ambulatory Health Services - 45-64 years	86%	83%	Lower
Adults' Access to Preventive/Ambulatory Health Services - 65+ years	87%	84%	Lower
Adults' Access to Preventive/Ambulatory Health Services - Total	77%	73%	Lower
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	60%	61%	Higher
Antidepressant Medication Management - Acute Phase	55%	56%	Higher
Antidepressant Medication Management - Continuation Phase	40%	40%	Same
Asthma Medication Ratio- Total	75%	74%	Lower
Breast Cancer Screening	61%	54%	Lower
Cervical Cancer Screening	58%	54%	Lower
Controlling High Blood Pressure	66%	58%	Lower
Childhood Immunization Status - Combination 2	79%	74%	Lower
Childhood Immunization Status - Combination 3	74%	71%	Lower
Chlamydia Screening in Women - 16-20 years	63%	62%	Lower
Chlamydia Screening in Women - 21-24 years	69%	69%	Same
Chlamydia Screening in Women - Total	64%	64%	Same
Comprehensive Diabetes Care - HbA1c Testing	87%	82%	Lower

Calendar Years (CY) 2019 and 2020 Florida Medicaid Managed Care Performance Measures - MMA			
Measure	Calendar Year 2019	Calendar Year 2020	
	CY 2019 Weighted Mean	CY 2020 Weighted Mean	CY 2020 compared to CY 2019 Weighted Mean
Comprehensive Diabetes Care - HbA1c Poor Control (INVERSE)	42%	48%	Lower
Comprehensive Diabetes Care - HbA1c Good Control	49%	46%	Lower
Comprehensive Diabetes Care - Eye Exam	56%	45%	Lower
Engagement of Alcohol and Other Drug Dependence Treatment - 13-17 years	13%	11%	Lower
Engagement of Alcohol and Other Drug Dependence Treatment - 18+ years	7%	8%	Higher
Engagement of Alcohol and Other Drug Dependence Treatment - Total	7%	8%	Higher
Follow-up Care for Children Prescribed ADHD Medication - Initiation Phase	46%	48%	Higher
Follow-up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	57%	63%	Higher
Follow-up after Hospitalization for Mental Illness- 7 Day-Total	28%	31%	Higher
Follow-up after Hospitalization for Mental Illness- 30 Day-Total	48%	50%	Higher
Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence-7 Day- Total	6%	6%	Same
Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence-30 Day- Total	9%	10%	Same
Follow-up After Emergency Department Visit for Mental Illness-7 Day-Total	27%	28%	Higher

HEDIS Performance Measure Results

Calendar Years (CY) 2019 and 2020 Florida Medicaid Managed Care Performance Measures - MMA			
	Calendar Year 2019	Calendar Year 2020	
Measure	CY 2019 Weighted Mean	CY 2020 Weighted Mean	CY 2020 compared to CY 2019 Weighted Mean
Follow-up After Emergency Department Visit for Mental Illness-30 Day-Total	43%	43%	Same
Initiation of Alcohol and Other Drug Dependence Treatment - 13-17 years	46%	54%	Higher
Initiation of Alcohol and Other Drug Dependence Treatment - 18+ years	44%	46%	Higher
Initiation of Alcohol and Other Drug Dependence Treatment - Total	44%	47%	Higher
Immunizations for Adolescents - Combination 1	76%	74%	Lower
Lead Screening in Children	75%	76%	Higher
Timeliness of Prenatal Care ³	92%	83%	Lower
Postpartum Care ³	75%	72%	Lower
Use of First- Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total)	61%	63%	Higher
Weight Assessment and Counseling for Children/Adolescents - BMI Percentile	89%	86%	Lower



Dental Performance Measure Results

Performance Measures	CY 2019 Rate across Plans	CY 2020 Rate across Plans
Annual Dental Visit	50.65%	40.34%
Ambulatory Care Sensitive ED Visits for Non-Traumatic Dental Conditions in Adults (per 100,000 member months)	N/A	7.07
Ambulatory Care Sensitive ED Visits for Dental Caries in Children (per 100,000 member months)	2.1*	1.01
Follow-up after ED Visits for Dental Caries in Children - 7 Day	21.91%	34.11%
Follow-up after ED Visits for Dental Caries in Children - 30 Day	33.86%	51.94%
Follow-up after Dental-Related ED Visits - 30 Day	33.83%	33.14%
Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk	31.76%	23.68%
Sealant Receipt on Permanent First Molars - >=1	N/A	24.69%
Sealant Receipt on Permanent First Molars - all 4	N/A	14.67%
Oral Evaluation	39.50%	32.26%
Topical Fluoride for Children at Elevated Caries Risk	32.32%	19.05%



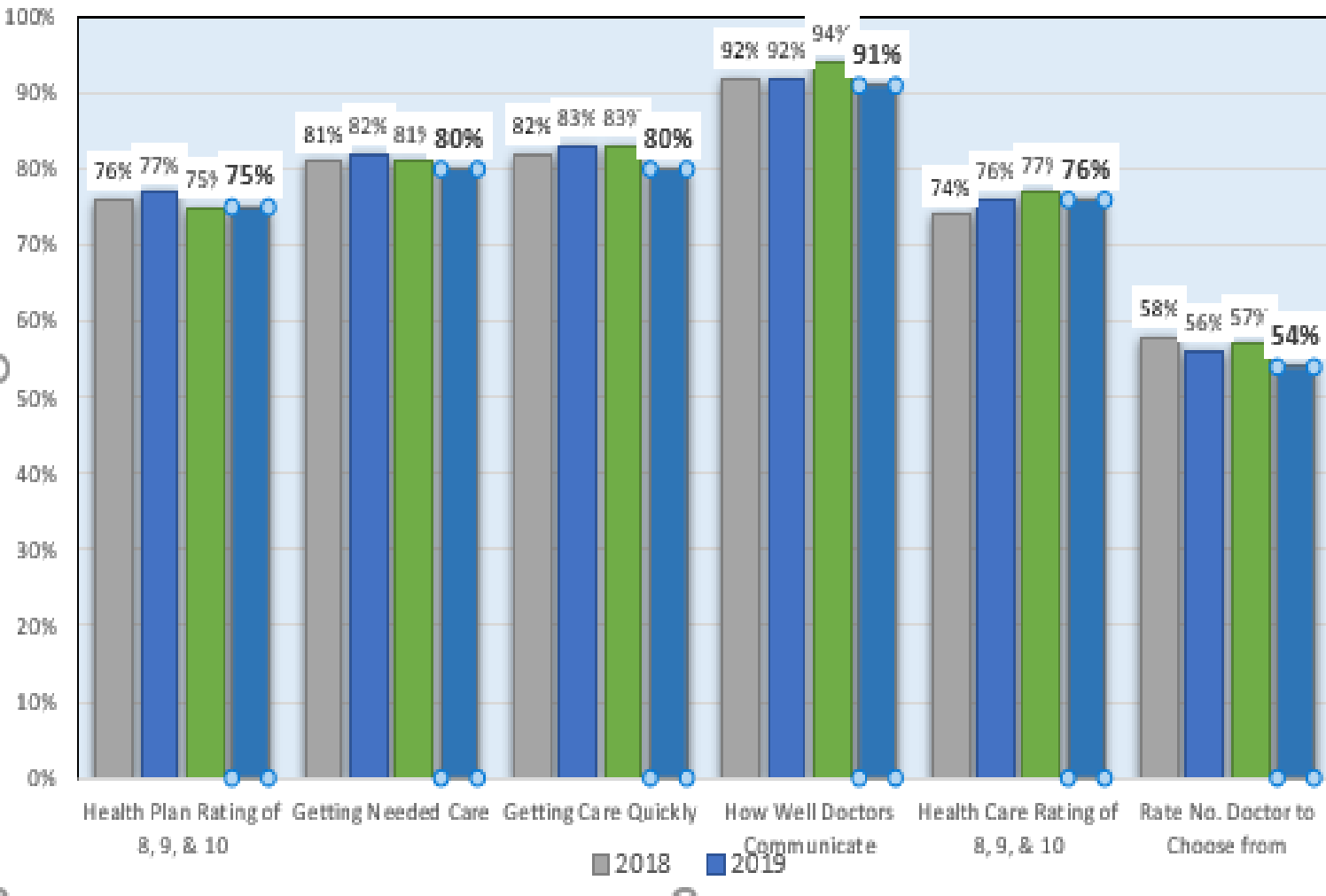
LTC Performance Measure Results

Measure	CY2019	CY2020
Comprehensive Assessment and Update	81.44%	87.70%
Comprehensive Care Plan and Update	78.54%	88.06%
Shared Care Plan with Primary Care Practitioner	83.77%	89.68%
Reassessment/Care Plan Update after Inpatient Discharge	24.81%	34.44%



2018 – 2021 Adult CAHPS Survey Results

Average Across Plans

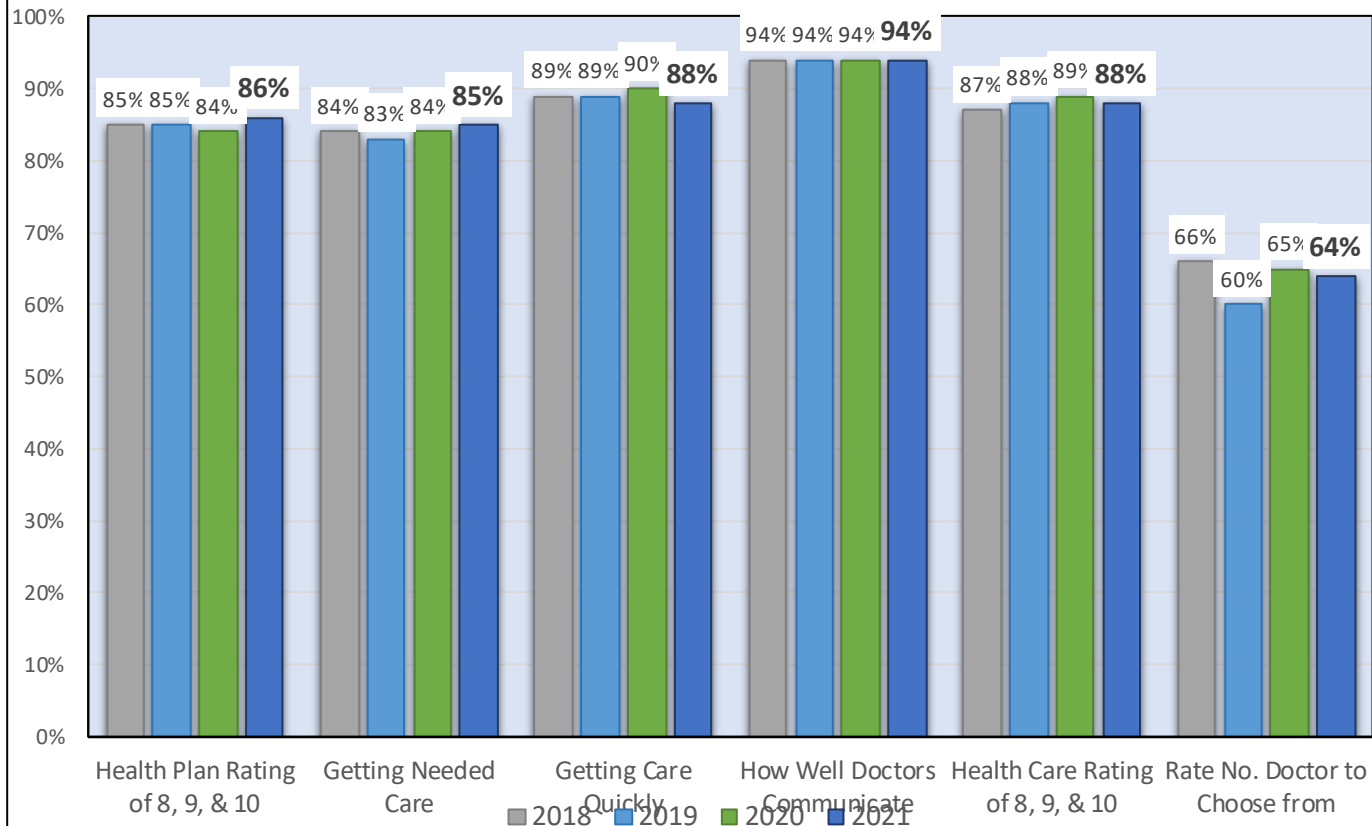


- CY 2021 Adult survey results stayed relatively the same as in prior years
 - Getting care quickly, How well doctors communicate, and Rating No. Docs to Choose from dropped 3% points from the previous year
- Florida Medicaid plans compared to the 2021 Medicaid and CHIP Chartbook
 - Getting Needed Care – **84%**
 - Getting Care Quickly – **83%**
 - How Well Docs Communicate – **93%**

2018 – 2021 Child CAHPS Survey Results

Average Across Plans

2018-2021 Child CAHPS Survey Results Comparison
Average Across Plans



- CY 2021 Child survey results stayed relatively the same as in prior years
 - Getting care quickly dropped percentage points from the previous year.
- Florida Medicaid plans compared to the 2021 Child Medicaid Chartbook:
 - Getting Needed Care – 86%
 - Getting Care Quickly – 90%
 - How Well Docs Communicate – 94%
 - Rating of Health Plan – 93%
 - Rating of Health Care – 94%

Home and Community Based CAHPS Survey Results


Average Across Plans

- HCBS CAHPS survey was suspended in CY 2020 so we could not compare it to the prior year.
- HCBS CAHPS database
 - Four plans submitted data
 - For field dates in 2019 (3) and 2020 (1)

Survey Item	Respondents
Staff are Reliable & Helpful	82%
Staff Listen & Communicate Well	82%
Rating of Case Manager	80%
Recommend Case Manager to Family & Friends	77%



Provider Satisfaction Survey- Health Plan Ratings

	MMA Plans	LTC Plans	Dental Plans
Provider's Ratings of their Health Plans	85%	83%	83%
Overall Provider Satisfaction of Health Plans	92%	89%	83%
Timeliness of Claims Payment	91%	88%	97%
Accuracy of Claims Payment	89%	88%	95%
 Provider Relations	84%	85%	96%

Upcoming Changes and Reminders

- **Performance Measure Reporting**
 - File Layout – Report Change Notification (RCN) is currently routing.
 - Well Child Visit report (CMS-416) plans use Form CMS-416 (updated 1/2021).
- **Legislative Bill – HB 855 Passed**
 - Mandatory reporting on behavioral health measures on the Adult Core Set and reporting of the Child Core Set beginning FFY2024.
 - Added additional stratifications (age, sex, race, ethnicity, primary language, and disability status).



Upcoming Changes and Reminders

- **CAHPS Survey Results**
 - Beginning with July 1, 2022 submission, managed care plans must submit their **Health Plan CAHPS survey results** and **HCBS CAHPS survey** results to the **AHRQ database**.
- **Upcoming Plan Survey**
 - Data sources and inclusion/exclusion of dual eligibles in performance measures.



Performance Measure Validation

Spring 2022 Update

Quality Directors Meeting---April 13, 2022

Presented by: Matt Kelly, MBA
Health Services Advisory Group



Common Themes: Strengths

- The Comprehensive, Standard, and Specialty MMA plans provided Final Audit Reports (FARs) that contained Information Systems (IS) capability findings. For Healthcare Effectiveness Data and Information Set (HEDIS[®])¹ Measurement Year (MY) 2020, all plans were fully compliant with National Committee for Quality Assurance (NCQA) HEDIS Compliance Audit IS standards 1.0, 2.0, 3.0, 4.0, 5.0, 6.0, and 7.0.
- The Dental plans provided FARs that contained IS capability assessment findings. For MY 2020, all plans were fully compliant with Audit IS standards that were applicable.



Common Themes: Opportunities for Improvement

- Final Audit Reports should include the following data elements:
 - IS and HEDIS determination (HD) standard findings
 - Medical record review validation (MRRV) findings (if applicable)
 - Final audit statement (FAS) or opinion (FAO)
 - Audit designation results by performance measure
 - Supplemental data sources (if applicable)



Common Themes: Opportunities for Improvement

- HSAG Required Data Documents:
 - IDSS excel spreadsheet and comma separated value (CSV) format file
 - 0210 and 0211 text format files
 - Long-term Care (LTC) IDSS excel spreadsheet (if applicable)
 - LTC CSV format file (if applicable)
 - Dental Plans: CMS-416 excel spreadsheet



Importance of Accurate and Timely Data Submission

- **HSAG is working with the Agency to streamline data submission processes in order to reduce the burden of resubmissions.**
- **This process is intended to improve the quality and completeness of data.**
- **Accurate and timely data submissions to HSAG are important for state and federal compliance.**



Encounter Data Validation

Spring 2022 Update

Quality Directors Meeting---April 13, 2022

Presented by: Amy Kearney, BA and Eliza Buyong, MS
Health Services Advisory Group



Encounter Data and Medical Record/Documentation Submission



Encounter Data

- Dental data
- Professional data
- Institutional data
- Pharmacy data



Medical Record/Documentation

- Medical/clinical record
- Transportation trip logs
- Plan of care



Encounter Data Submission: Common Themes and Recommendations

Common Themes	Recommendations
Encounters include claims adjustment history	Plan should ensure to include encounters that have reached their final status
Control totals do not match data received	Plans should conduct data quality checks to include but not limited to the following: <ul style="list-style-type: none"> • Control totals submitted to HSAG matched the extracted and submitted data • Data were extracted according to the data submission requirements document • Ensure that extracted data do not have duplicate records based on claim number and detail line items fields • Ensure that fields were populated with appropriate information • Ensure the distributions of the data field values are reasonable • Presence check, i.e., data with missing values for all records in any of the data fields
Field(s) not included as specified within the data requirements	
Missing values for fields that should have values populated	
Duplicate records based on claim number and detail line items fields	
Data extract not according to data requirements document specifications, e.g., date of service outside of specified study period	



Encounter Data Submission: Common Themes and Recommendations

Common Themes	Recommendations
Initial review findings were not addressed in the resubmitted data	<ul style="list-style-type: none">• Plans should review the file review findings provided by HSAG and address identified issues• Plans should use the sample records provided by HSAG to investigate the root cause of the identified issues; correct and resubmit data



Medical Record/Documentation Submission: Common Themes and Recommendations

Common Themes	Recommendations
Incomplete tracking sheets	Plans should ensure tracking sheets are completed accurately
Submission of records not according to submission guidelines	Plans should review and submit requested records according to the submission guidelines document
Medical record/documentation was for different enrollee	Plans should perform the following:
No patient identifiers on submitted documentation	<ul style="list-style-type: none"> • Ensure documentation submitted are for the correct enrollees • Review the documentation from their providers before submitting to HSAG • Ensure submitted documentation are legible



Medical Record/Documentation Submission: Common Themes and Recommendations

Common Themes	Recommendations
<p data-bbox="160 558 1187 701">Large proportion of non-submission reasons were due to “Non-responsive provider or provider did not respond in a timely manner”</p> <ul data-bbox="160 758 1263 929" style="list-style-type: none"><li data-bbox="160 758 1263 929">▪ Please note that a non-submission would result in a negative finding since it would indicate that encounter information does not have documentation to support services provided on the selected date of service	<ul data-bbox="1302 565 2430 922" style="list-style-type: none"><li data-bbox="1302 565 2430 686">• Plans should research provider information from their systems, as needed, to ensure requests are being sent to the appropriate provider location<li data-bbox="1302 701 2430 786">• Plans should schedule multiple provider outreach attempts regarding record procurement request<li data-bbox="1302 801 2430 922">• Plans should have policies and procedures with their providers and/or vendors to ensure records and/or documentation are easily accessible when requested



General Recommendations

Tips

- If data fields were pulled from different systems or tables, ensure that the data pull were from the correct systems or tables and values are accurate.
- Plans should ensure data extract queries are validated, and once validated, plans may use the queries for future data extract.
- Plans should ensure to test any new data mappings to ensure the correct information is pulled.
- Accurate and timely data submissions to HSAG are important for state and federal compliance.

Importance of Accurate Data Submission



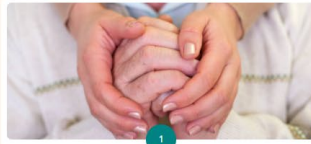
Florida State Health Improvement Plan 2022-2026

Spring 2022 Update

Quality Directors Meeting---April 13, 2022

Presented by: Chris Cogle, M.D., Chief Medical Officer



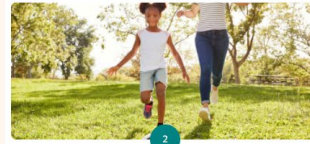


1

Alzheimer's Disease and Related Dementias

Alzheimer's disease is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills, and, eventually, the ability to carry out the simplest tasks. It is the most common cause of dementia among the senior population. African Americans are twice as likely and Hispanics are one and a half times as likely as older whites to have Alzheimer's disease and other dementias. Prevalence is higher among women compared to men; two-thirds of Americans with Alzheimer's disease are women. There is no known cure, however, innovative research may provide hope for effective and novel treatment for this incapacitating disease.

[Download PDF \(215 KB\)](#)



2

Chronic Diseases and Conditions

Heart disease, stroke, type 2 diabetes, cancer and illnesses related to tobacco use are among the most common health problems affecting people of all ages, socioeconomic statuses and ethnicities. Risk factors—lack of physical activity, poor nutrition, tobacco use, excessive alcohol use, the environment and social and economic factors—cause much of the illness, suffering and early death related to chronic diseases and conditions.

[Download PDF \(183 KB\)](#)



3

Injury, Safety and Violence

Unintentional injuries such as falls and motor vehicle crashes, and intentional injuries such as intimate partner violence are a major cause of death for people ages 1 to 44; however, most events are predictable and preventable.

[Download PDF \(207 KB\)](#)

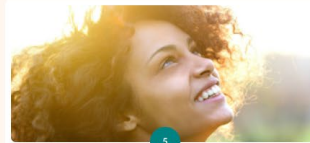


4

Maternal and Child Health

The well-being of women, infants, children and families determines the health of the next generation. Events over the life course influence maternal and child health risks and outcomes. Differences in health outcomes such as infant mortality, by race and ethnicity, can predict future public health challenges for families, communities and the health care system.

[Download PDF \(180 KB\)](#)

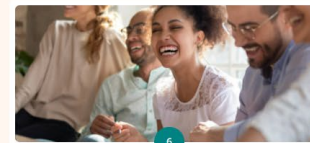


5

Mental Well-being and Substance Abuse Prevention

Mental and emotional well-being enables individuals to realize their own abilities, cope with the normal stresses of life, work productively and contribute to his or her community.

[Download PDF \(218 KB\)](#)

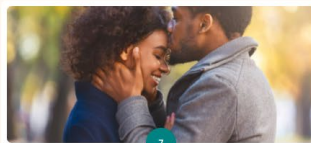


6

Social and Economic Conditions Impacting Health

Social and economic conditions impacting health are the conditions in the environments where people live, work and play that influence health throughout the lifespan. These factors, including but not limited to income, employment, social supports, literacy skills and transportation have a major impact on people's ability to lead long, healthy lives.

[Download PDF \(193 KB\)](#)



7

Transmissible and Emerging Diseases

Infectious organisms that are primarily acquired and transmitted through sexual activity cause many harmful, often irreversible and costly clinical complications in reproductive, fetal and perinatal health. Other emerging infectious agents pose the threat of disease outbreaks. Prevention, treatment and diagnostic strategies are essential.

[Download PDF \(189 KB\)](#)



Alzheimer’s Disease and Related Dementias.....

Goal 1: Strengthen the capacity to address Alzheimer’s disease and related dementias

Goal 2: Ensure a competent Alzheimer’s disease and related dementias workforce.....

Goal 3: Enhance support for those living with Alzheimer’s disease and related dementias and their caregivers.....

Chronic Diseases and Conditions.....

Goal 1: Reduce new cases of cancer and cancer-related illness, disability and death.....

Goal 2: Improve cardiovascular health by reducing new cases, disability and death from heart disease, stroke and other related illnesses

Goal 3: Increase palliative care access and use.....

Goal 4: Reduce the burden of diabetes and improve quality of life for all who have or at risk for diabetes

Goal 5: Improve respiratory health

Goal 6: Promote the attainment and maintenance of health through nutrition, physical activity and supportive lifestyle behaviors.....

Goal 7: Improve oral health.....

Injury, Safety and Violence

Goal 1: Prevent or reduce childhood injuries

Goal 2: Prevent or reduce adult injuries

Goal 3: Prevent or reduce injuries in vulnerable populations

Goal 4: Increase mitigation of Adverse Childhood Experiences (ACEs) as a statewide prevention strategy

Maternal and Child Health.....

Goal 1: Increase access to quality primary, preventative and sub-specialty care for infants, children and adolescents

Goal 2: Reduce infant morbidity and mortality.....

Goal 3: Reduce maternal morbidity and mortality.....

Goal 4: Improve preconception and interconception health

Mental Well-being and Substance Abuse Prevention

Goal 1: Reduce the impact of adult mental, emotional and behavioral health disorders.....

Goal 2: Reduce the impact of pediatric mental, emotional and behavioral health disorders

Goal 3: Reduce substance use disorders and drug overdose deaths

Goal 4: Reduce suicide behaviors and death



Florida Medicaid, Health Care Relevant (1/4)

- Objective AD3.3: Increase the number of caregivers who utilize respite programs from 1,569 (2021) to 3,000.
- All Chronic Disease Objectives
 - Objectives CD1.4: Increase percentage of Floridians undergoing colorectal cancer screening from 70.4% (2018) to 80%.
 - Objective CD2.1: Increase percentage of Floridians in hypertension self-management programs from 24% (2021) to 84%.
 - Objective CD4.1: Prediabetes.
 - Objective CD4.2: Reduce diabetes hospitalizations from 2,314/100K (2019) to less than 2,000/100K population.
 - Objective CD5.1: Increase percentage of smokers with quit attempts from 54.7% to 63%.
 - Objective CD5.2: Reduce asthma ER visits from 38,808 to 25,704.
- Oral Health
 - Objective CD7.1: Reduce untreated tooth decay in children.
 - Objective CD7.3: Increase percentage of Florida adults with dental visits.
 - Objective CD7.4: Reduce ER visits for dental issues.



Florida Medicaid, Health Care Relevant (2/4)

- All Childhood Injury Reduction Objectives
 - SUID, drowning, suicide
- All Adult Injury Reduction Objectives
 - Objective ISV2.2: Reduce falls in 60+ y/o's from 59/100K to 53.1/100K.
- Objective ISV4.X: Increase the percentage of children with kindergarten readiness.
- Objective ISV4.X: Increase the percentage of children passing third grade reading test.



Florida Medicaid, Health Care Relevant (3/4)

- All Maternal and Child Health Objectives
 - Medical homes, mental health counseling, preventive dental care, developmental screening assessment in first year of life, length of stay for NAS, pregnancy mortality, postpartum care visit
- All Mental Health and SUD Objectives
 - Reduce hospitalizations, reduce inhaled nicotine in adolescents, reduce attempted suicide
- All Social and Economic Conditions Objectives
 - Objective SEC2.1: Increase percentage of adults with medical check-up in last year from 76.9% to 80.7%.
 - Objective SEC2.3: Increase newly certified community health workers from 328/yr to 656/yr.
 - Objective SEC3.3: Decrease percentage of Floridians with insecure food access from 12.0% to 9.6%.
 - Objective SEC4.2: Decrease rental housing units with gross rent costing 30% of household income from 56.3% to 53.5%.



Florida Medicaid, Health Care Relevant (4/4)

- All Transmissible and Emerging Diseases Objectives
 - HIV, STI, HBV, flu vaccine, HPV, HCV, *Candida auris*



SHIP Objective Progress on floridaship.org

Alzheimer's Disease and Related Dementias	+
Chronic Diseases and Conditions	+
Injury, Safety and Violence	+
Maternal and Child Health	+
Mental Well-being and Substance Abuse Prevention	+
Social and Economic Conditions Impacting Health	+
Transmissible and Emerging Diseases	+



Next Steps

Time Frame	Work
April through June 2022	Finalize objectives.
July 1, 2022	Public presentation of objectives.
July through October 2022	Workgroups convene stakeholders and work toward goals & objectives.
November 2022	Steering Committee meeting to gauge progress.



2022 Legislative Update

Spring 2022 Update
Quality Directors Meeting---April 13, 2022
Presented by: Melissa Vergeson,
Bureau Chief of Medicaid Quality



2022 Legislative Update



Legislative Update

- Medicaid Budget: \$38.6 Billion
(Governor may veto certain items)
- \$15 per hour minimum wage increase for direct care Staff of Medicaid providers
- \$85 Million for stand-alone children's hospitals
- \$182 Million for Program of All-Inclusive Care for the Elderly (PACE)
- \$156 Million for Florida cancer hospitals
- \$29 Million for Intermediate Care Facilities/Developmentally Disabled (ICF/DD) rate increase
- \$6.3 Million for pediatric lung, adult lung, heart, liver, and adult and pediatric intestinal/multi-visceral transplants in Florida at global rates
- Housing Pilot funding continued at \$10 Million
- \$250,000 to develop and publish a report on Medicaid enrollees diagnosed with Sickle Cell Disease
- \$4 Million increase in Graduate Medical Education (GME)



Legislative Update

SB 1770: Donor Human Milk Bank Services

- AHCA authorized to cover donor human milk as an optional Medicaid service

SB 534: Prescription Drugs Used in the Treatment of Schizophrenia for Medicaid Recipients

- AHCA to change the authorization requirements of certain medications prescribed for the treatment of schizophrenia or schizotypal or delusional disorders for Medicaid recipients

SB 292: Newborn Screenings

- AHCA to cover testing for congenital cytomegalovirus if a newborn fails the screening for hearing loss

SB 2526: Health

- AHCA to extend the postpartum period to 12-months for CHIP recipients

HB 855: Managed Care Plan Performance

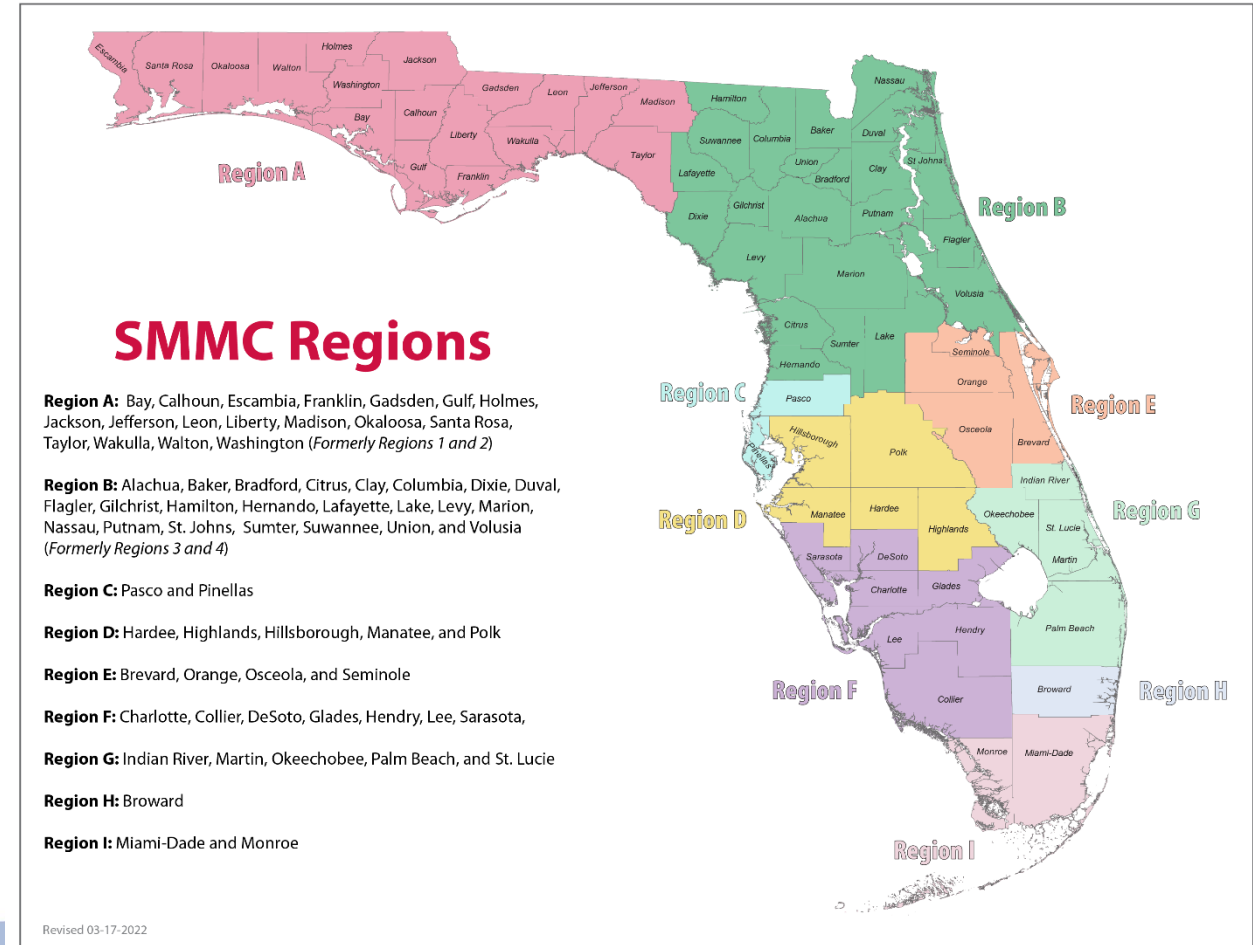
- AHCA to collect additional Quality Measures from each managed care plan for Healthcare Effectiveness
- AHCA to use the measures as a tool to monitor plans performance and publish plan's performance on its website



Legislative Update

SB 1950: Statewide Medicaid Managed Care:

- Realigns Medicaid Regions from 11 to 9
- Increases access to coverage of Comprehensive Cancer Care
- Extends child welfare benefits to children in permanent guardianship
- Improves the procurement process and contract terms to align with the current health care delivery system
- Enhances healthy behaviors program to add focuses to reduce tobacco and opioid use



STOP & CHAT

