Health Care Budget Subcommittee

Wednesday, November 5, 2025
1:30 PM – 3:00 PM
Mashburn Hall (314 HOB)

Meeting Packet

Daniel Perez
Speaker

Robert Andrade
Chair

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Health Care Budget Subcommittee

Start Date and Time:	Wednesday, November 05, 2025 01:30 PM
End Date and Time:	Wednesday, November 05, 2025 03:00 PM
Location:	Mashburn Hall (314 HOB)
Duration:	1.50 hrs

Presentation on Medicaid Managed Care Plan Performance
Agency for Health Care Administration

NOTICE FINALIZED on 10/28/2025 10:03AM by SEK

AHCA
AGENCY FOR HEALTH CARE ADMINISTRATION

Medicaid Quality Updates

House Health Care Budget Subcommittee

Ann Dalton, Assistant Deputy Secretary, Division of Medicaid

November 5, 2025

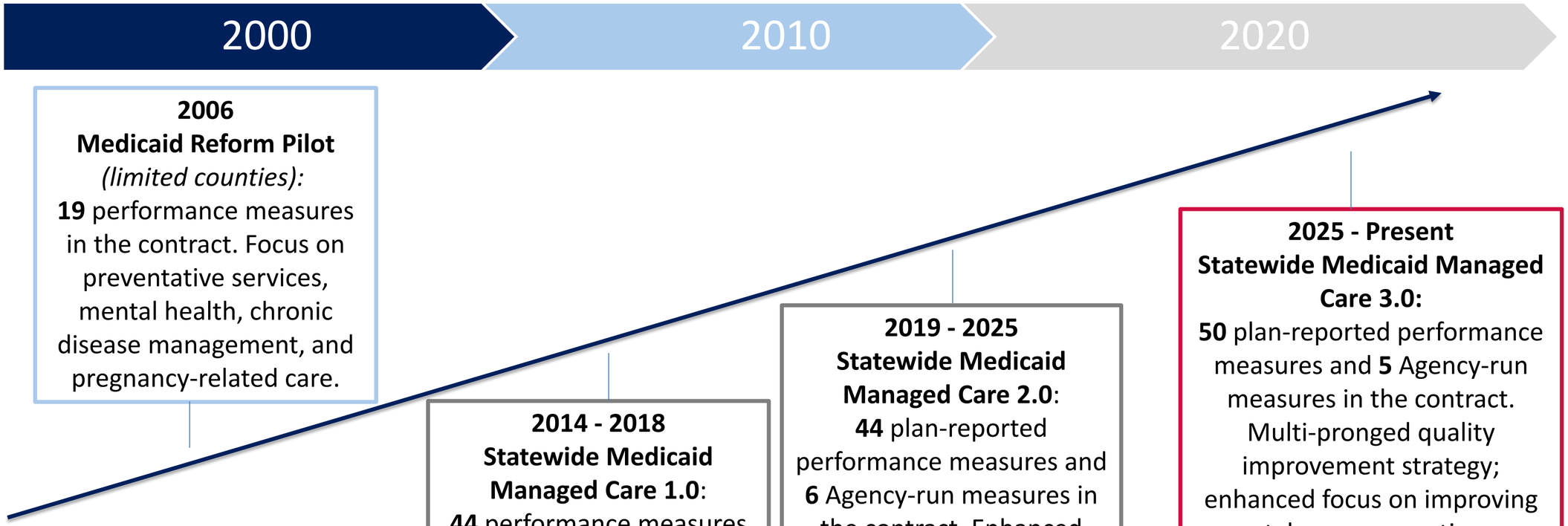
Florida Medicaid Overview

- Medicaid is a federal program through which states partner with the federal government to provide health care coverage to low-income children, families, elders, and people with disabilities.
- Florida Medicaid serves more than 4 million of the most vulnerable in our State.
- **The majority of Medicaid recipients in Florida receive their services through a health plan (78%).**

Approx. 50%	• **Adults - parents, elderly, and disabled**
48%	• **Children in Florida**
46%	• **Birth deliveries in Florida (CY 2023)**
60%	• **Nursing home days in Florida**

- Florida's quality improvement strategy is largely driven by the populations served and opportunities to drive cost-effective care and better outcomes.

Florida Medicaid Managed Care Quality Strategy Evolution



Improving Quality in SMMC 2.0

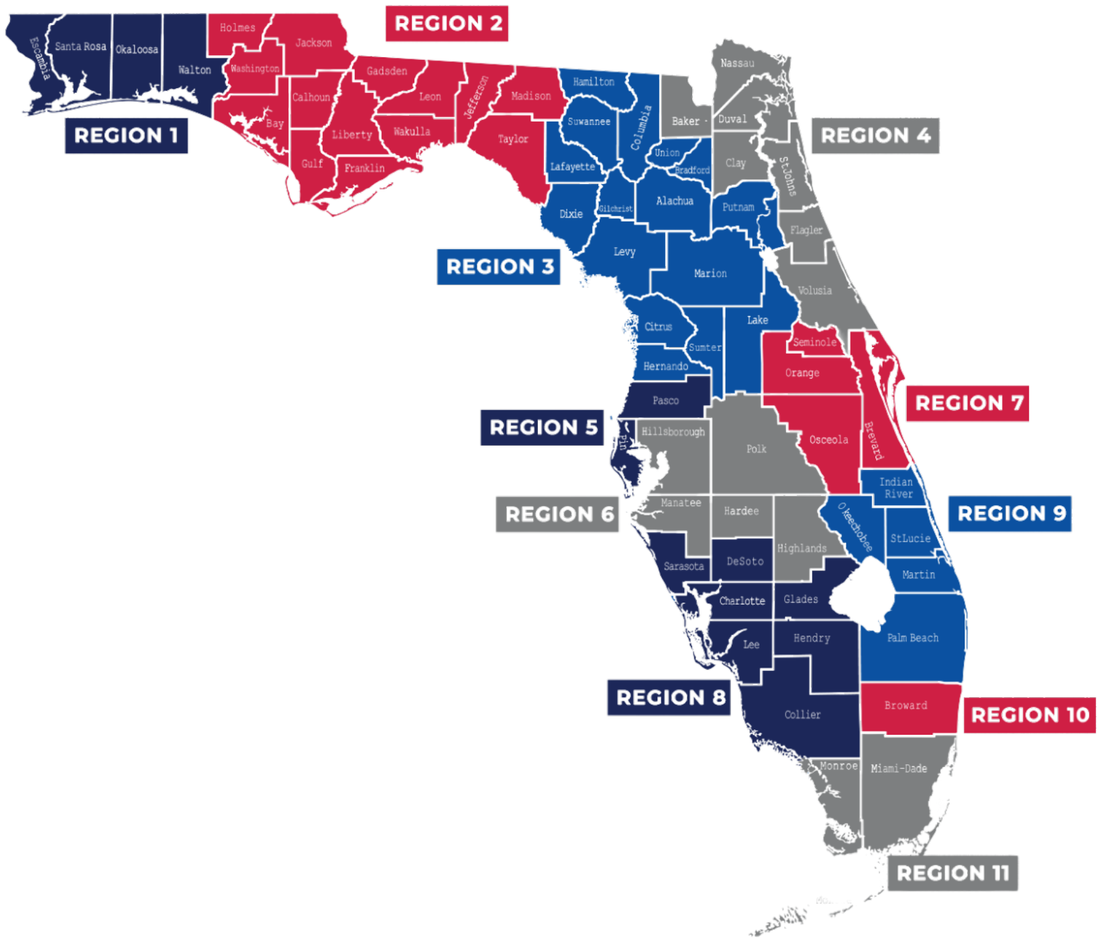
Managed Medical Assistance (MMA) Program

Long Term Care (LTC) Program

Dental Program

SMMC 2.0 Health Plans

Plan Name	Plan Type	Regions
Aetna Better Health	Comprehensive	6, 7, 11
Amerihealth	MMA	9, 11
Children's Medical Services	Specialty	Statewide
Clear Health Alliance – HIV/AIDS	Specialty	Statewide
Community Care Plan	MMA	10
Florida Community Care	LTC +	Statewide
Humana Medical Plan	Comprehensive	Statewide
Molina Healthcare	Comprehensive	8, 11
Molina Healthcare - SMI	Specialty	4, 5, 7
Simply Healthcare	MMA, Comprehensive	1, 2, 5, 6, 7, 8, 9, 10, 11
Sunshine Health	Comprehensive	Statewide
Sunshine Health – Child Welfare	Specialty	Statewide
Sunshine Health – SMI	Specialty	Statewide
United Healthcare	Comprehensive	3, 4, 6, 11
DentaQuest	Dental	Statewide
Liberty	Dental	Statewide
MCNA Dental	Dental	Statewide

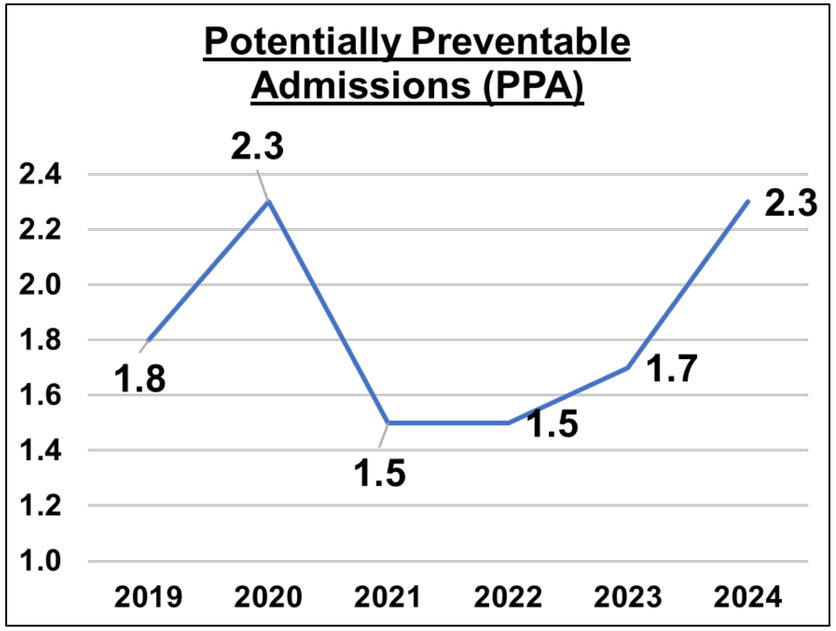


MMA Performance Measures

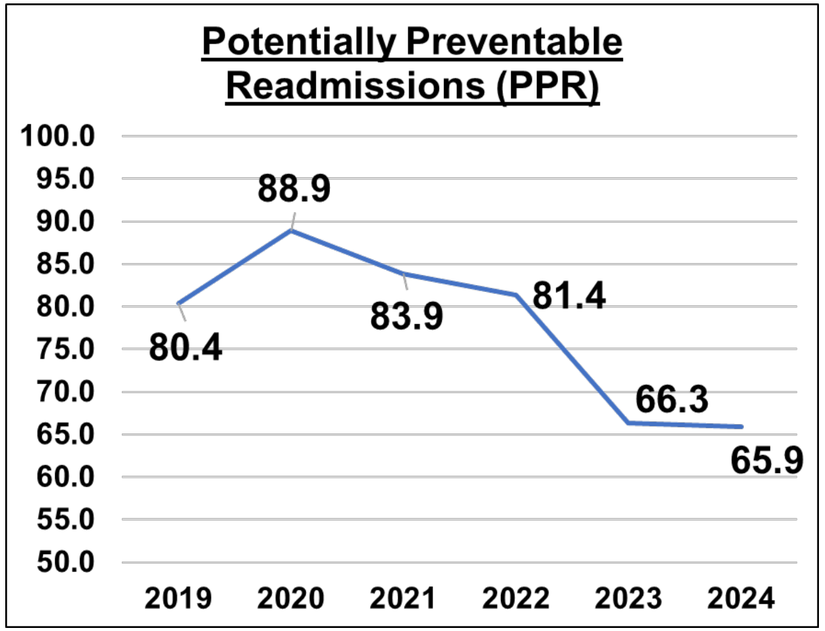
There are several types of performance measures and measure sources used to assess the quality of the MMA program.

Measure Type	MMA	Description
Performance Improvement Projects (PIPs)	☑	Reducing Potentially Preventable Events Improving Birth Outcomes
Healthcare Effectiveness Data and Information Set (HEDIS)	☑	The majority of performance measures of medical and behavioral health care are from HEDIS.
Consumer Assessment of Health Care Providers and Systems (CAHPS)	☑	Medicaid Health Plan CAHPS Survey is used.
CMS Adult and Child Core Set	☑	Includes HEDIS measures and non-HEDIS measures such as HIV Viral Load Suppression, Contraceptive Care, and Medical Assistance with Smoking and Tobacco Use Cessation.
CMS 416 Report/Annual Early Periodic Screening Diagnostic and Testing (EPSDT) Report	☑	Screening and Participation Ratios for EPSDT.

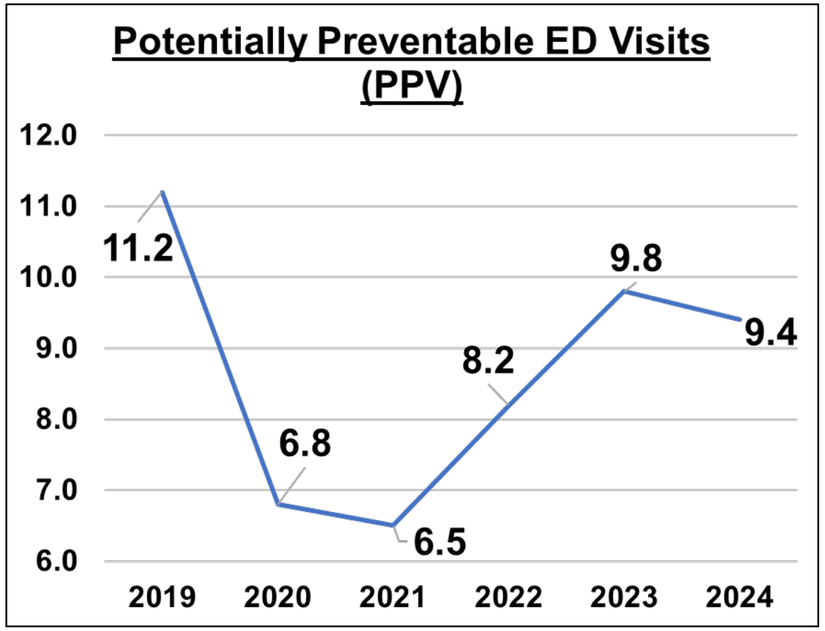
Potentially Preventable Events



*Rate per 1,000 member months



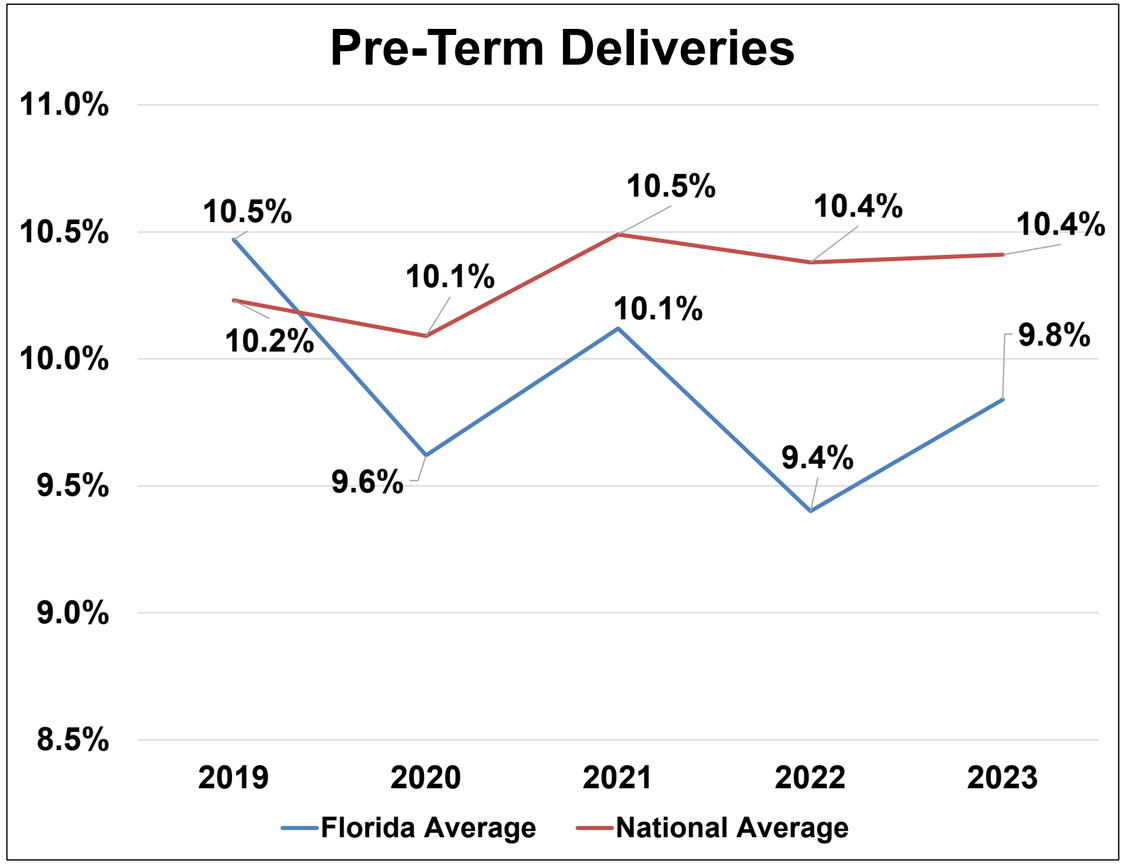
*Rate per 1,000 Admissions

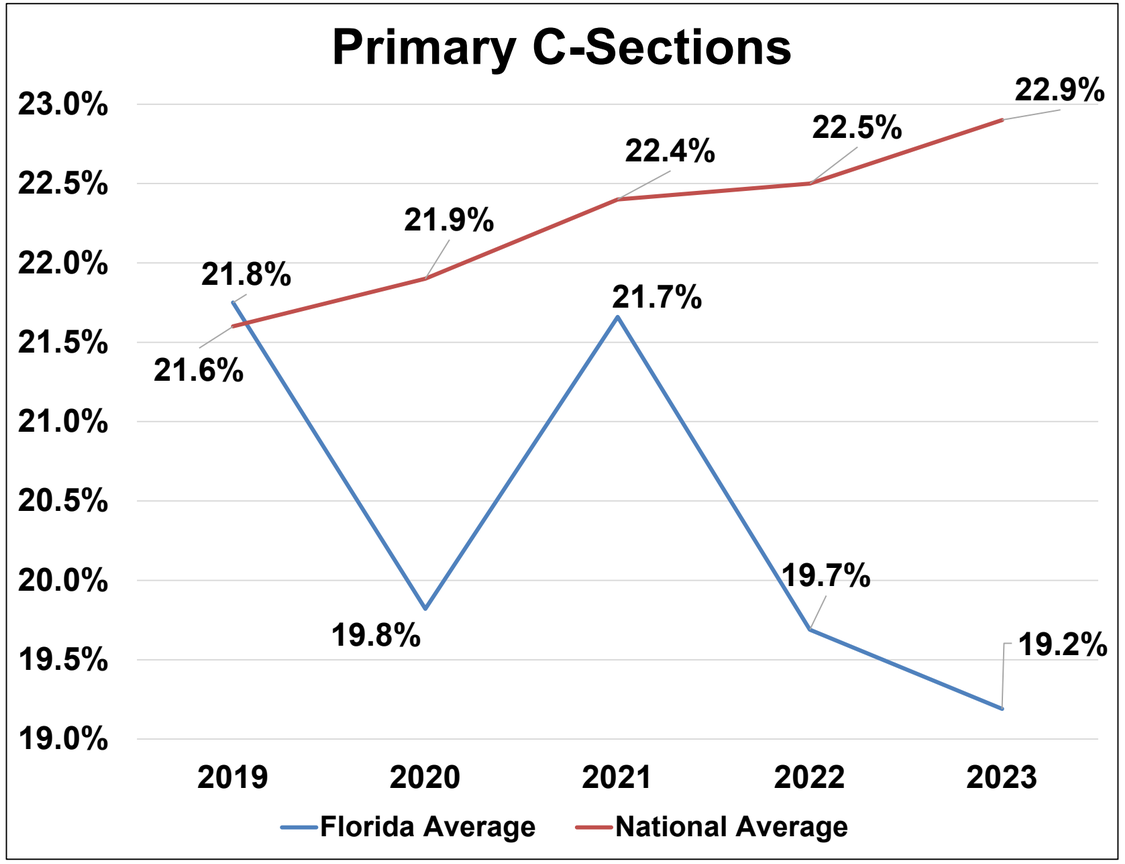


*Rate per 1,000 member months

Note: Lower rates indicate better performance.

Birth Outcomes





Florida outperformed national averages: Florida Medicaid's preterm birth rate and C-section rate were below the national average for the years 2020 through 2023 (CDC). **Note: Lower rates indicate better performance.**

MMA HEDIS Measures

Healthcare
Effectiveness
Data
Information
Set

- A standardized measurement system used by health plans and care organizations to evaluate the quality, access, and outcomes of health care services.
- The National Committee for Quality Assurance (NCQA) develops, updates, and maintains HEDIS, which is used by more than 90% of U.S. health plans to measure performance on important indicators of care and service, allowing consumers to compare performance among health plans and to national and/or regional benchmarks.

MMA HEDIS Measures

Chronic Disease Management

- Eye Exam for Patients with Diabetes
- Glycemic Status Assessment for Patients with Diabetes
- Blood Pressure Control for Patients with Diabetes
- Kidney Health Evaluation for Patients with Diabetes
- Controlling High Blood Pressure
- Asthma Medication Ratio
- Controlling High Blood Pressure

Pregnancy-Related Care

- Prenatal Care
- Postpartum Care
- Prenatal Depression Screening and Follow-up
- Postpartum Depression Screening and Follow-up

Preventive Care

- Childhood Immunization Status
- Immunization for Adolescents
- Weight Assessment and Counseling for Nutrition & Physical Activity for Children/Adolescents
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women
- Colorectal Cancer Screening
- Lead Screening in Children

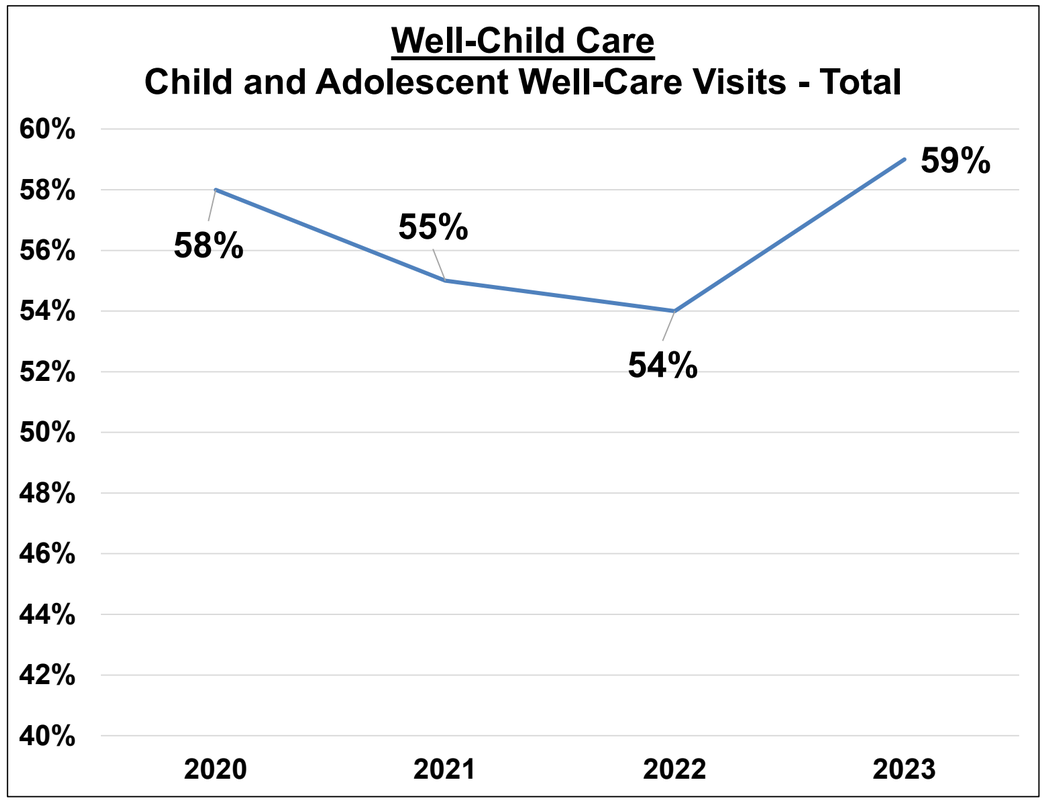
Well-Child Care

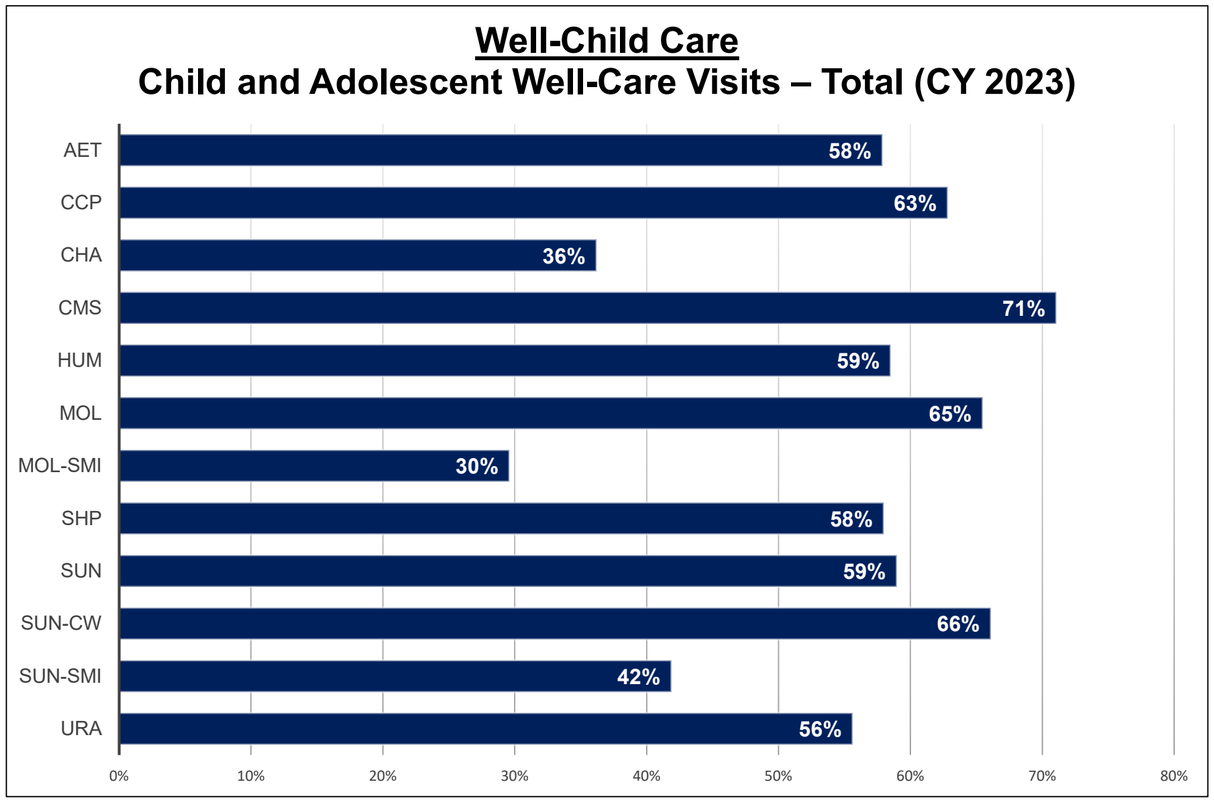
- Well-Child Visits in the First 30 Months of Life
- Child and Adolescent Well-Care Visits

Mental Health Care

- Depression Screening and Follow-up for Adolescents and Adults
- Follow-up Care for Children Prescribed ADHD Medication
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Metabolic Monitoring for Children and Adolescents on Antipsychotics
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
- Follow-up after Emergency Department Visit for Mental Illness
- Follow-up after Emergency Department Visit for Substance Use
- Unhealthy Alcohol Use Screening and Follow-up
- Follow-up after Hospitalization for Mental Illness
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications

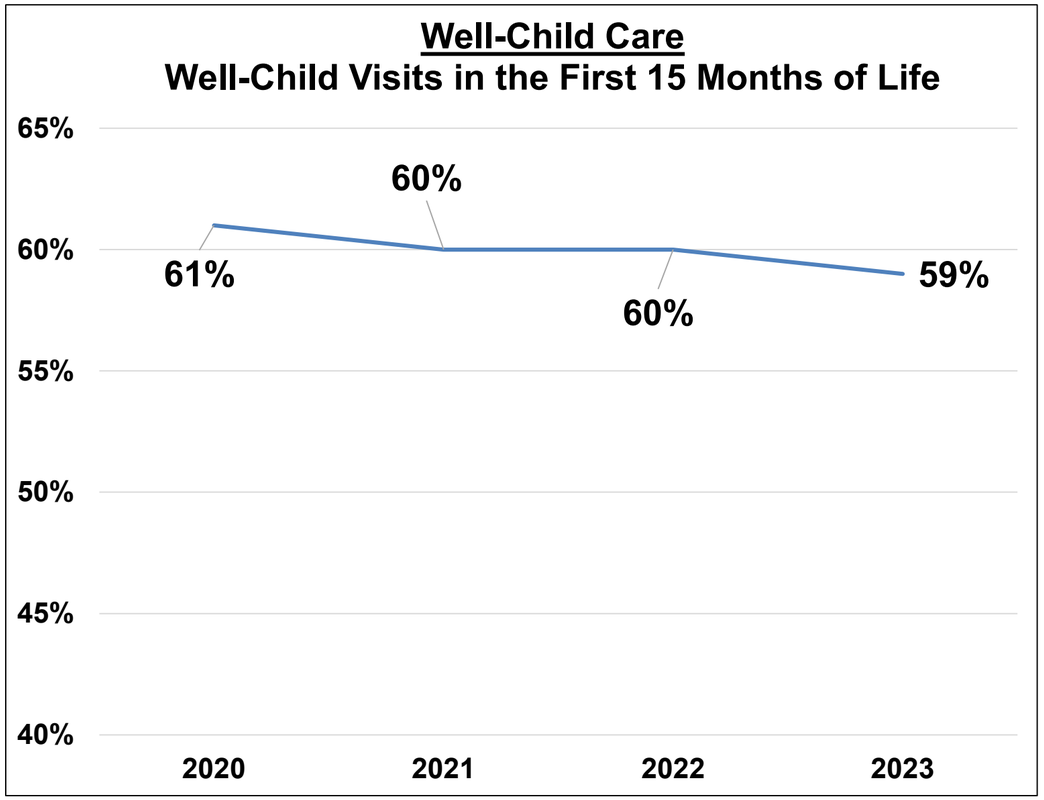
Child and Adolescent Well-Care Visits

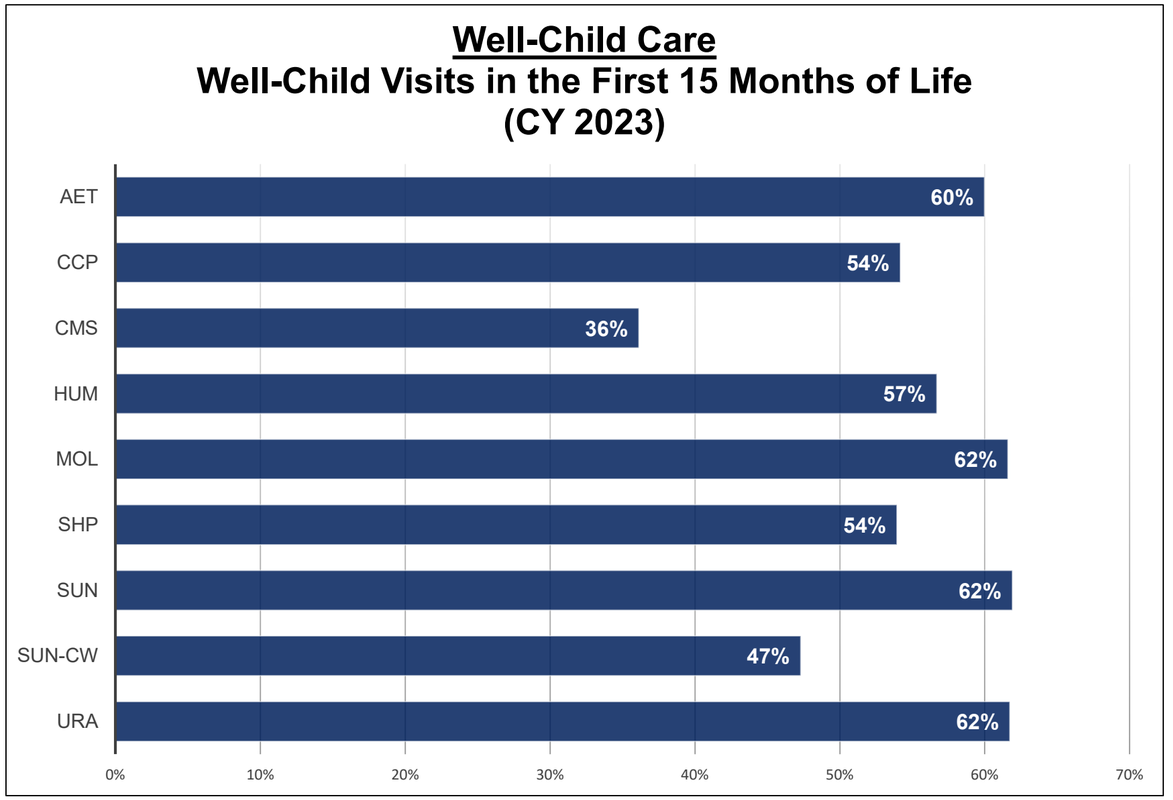




This HEDIS measure began in Calendar Year 2020, replacing a similar measure with a different data collection methodology. This measure is not comparable or trendable with the prior measure.

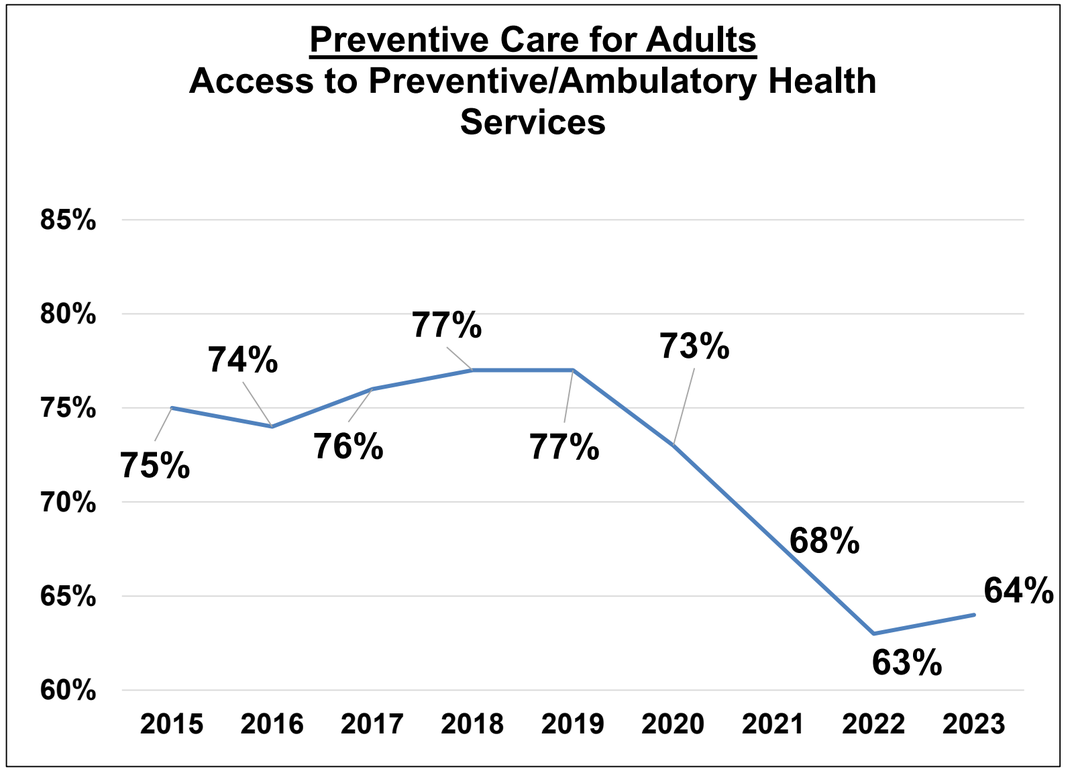
Well-Child Visits in the First 15 Months of Life

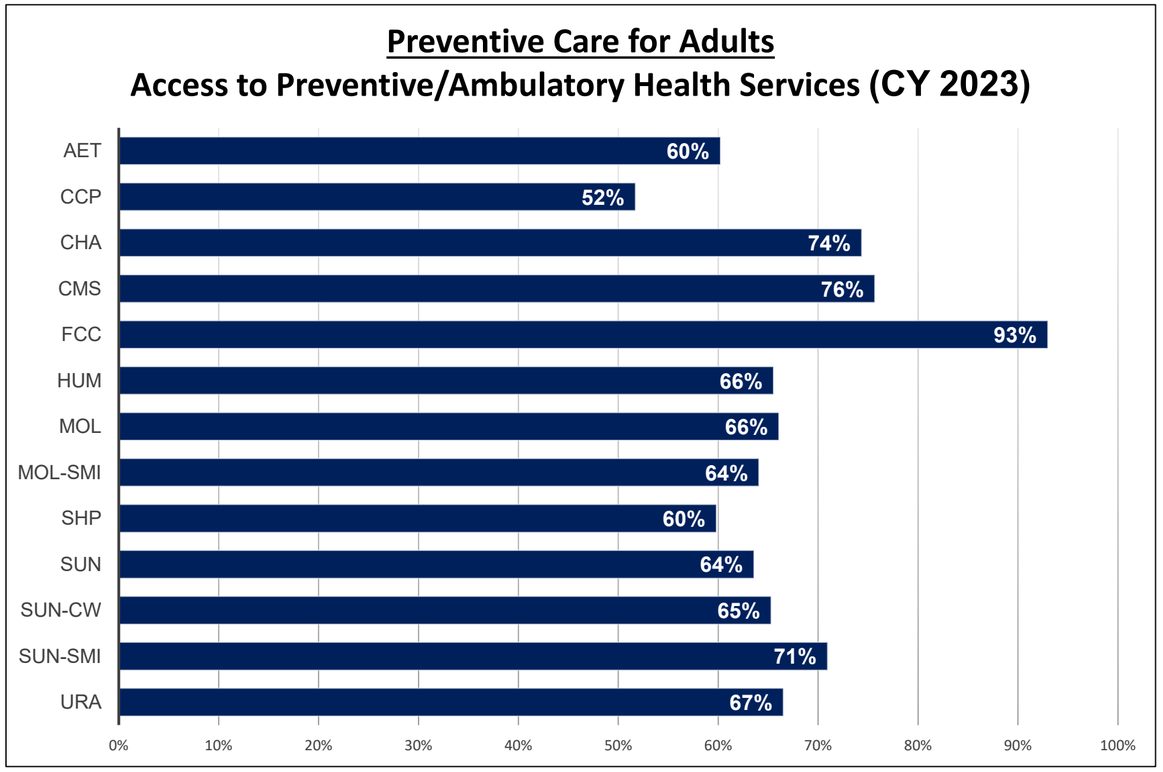




This HEDIS measure began in Calendar Year 2020, replacing a similar measure with a different data collection methodology. This measure is not comparable or trendable with the prior measure.

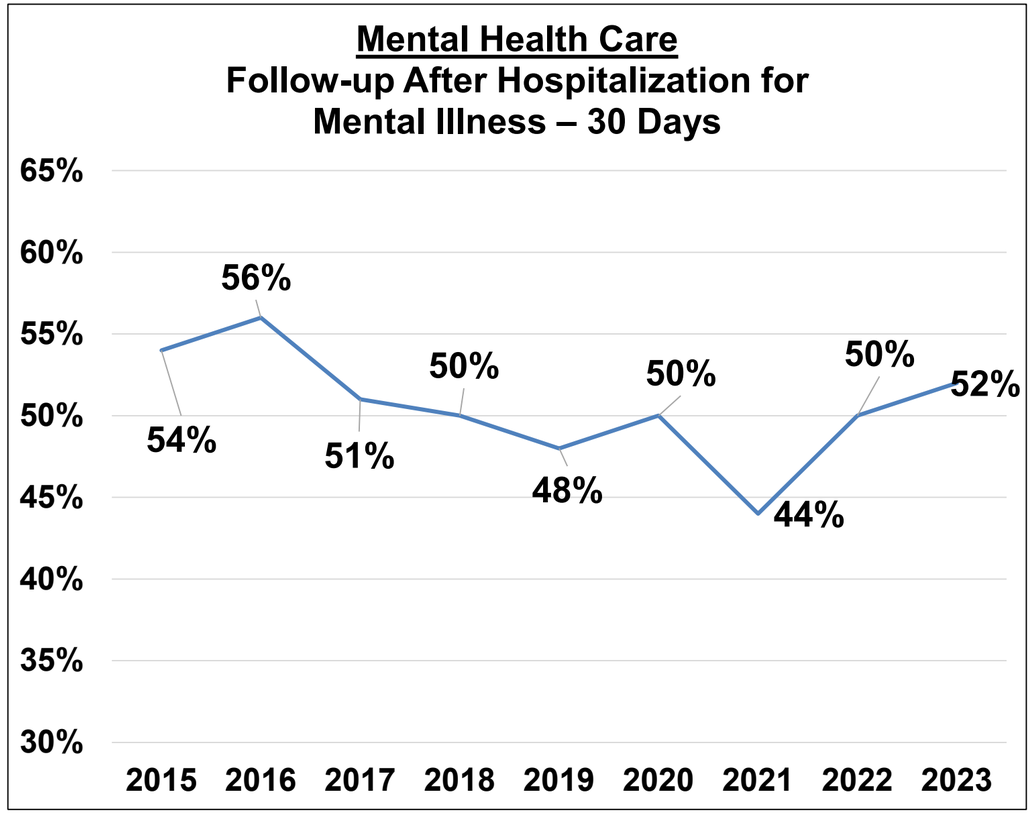
Access to Preventative/Ambulatory Health Services

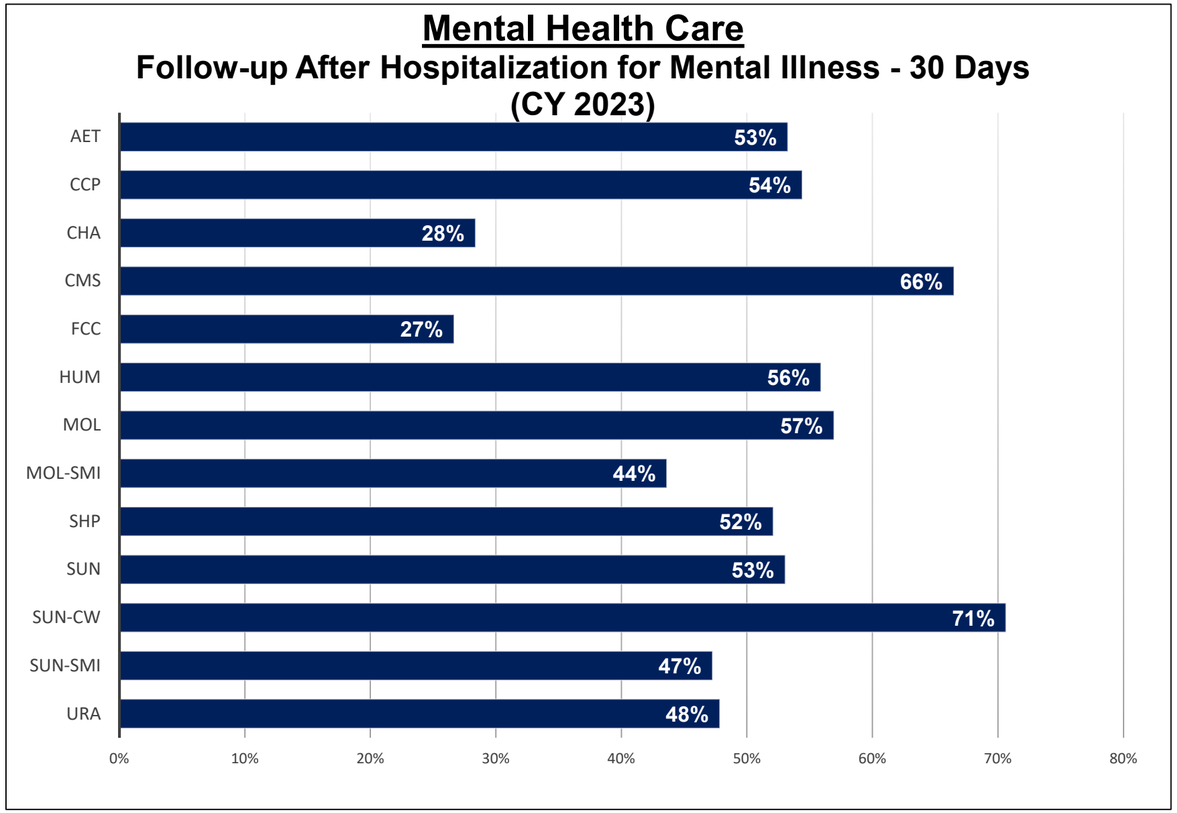




This HEDIS measure has been available for the full 2015 through 2023 timeframe.

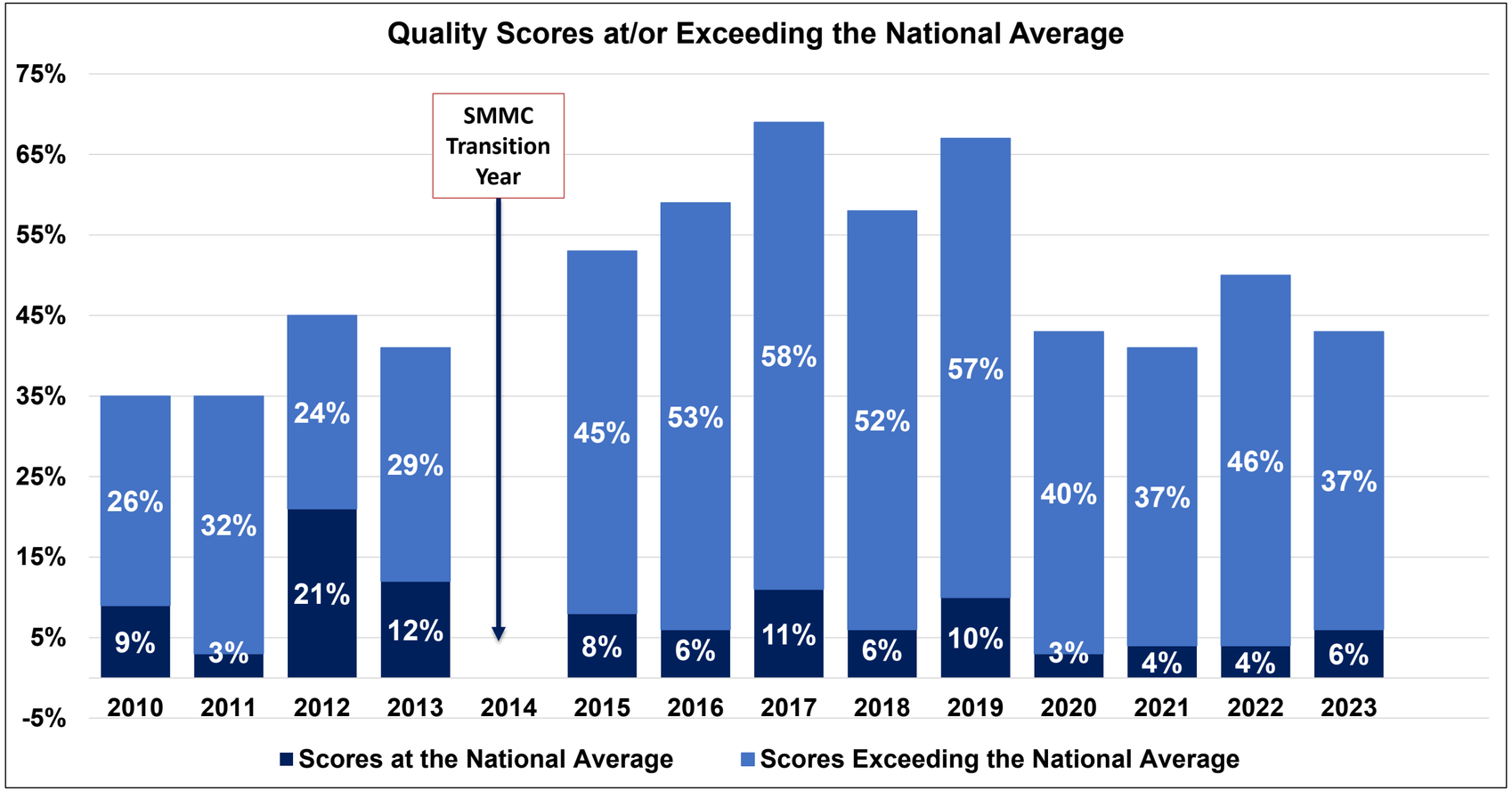
Follow-up After Hospitalization for Mental Illness





This HEDIS measure has been available for the full 2015 through 2023 timeframe. There was a significant change to the specifications beginning with CY 2017 reporting, so comparisons to CY 2016 would not be accurate.

MMA Quality Scores



Florida Medicaid Top 25% of Reporting States in CY 2023

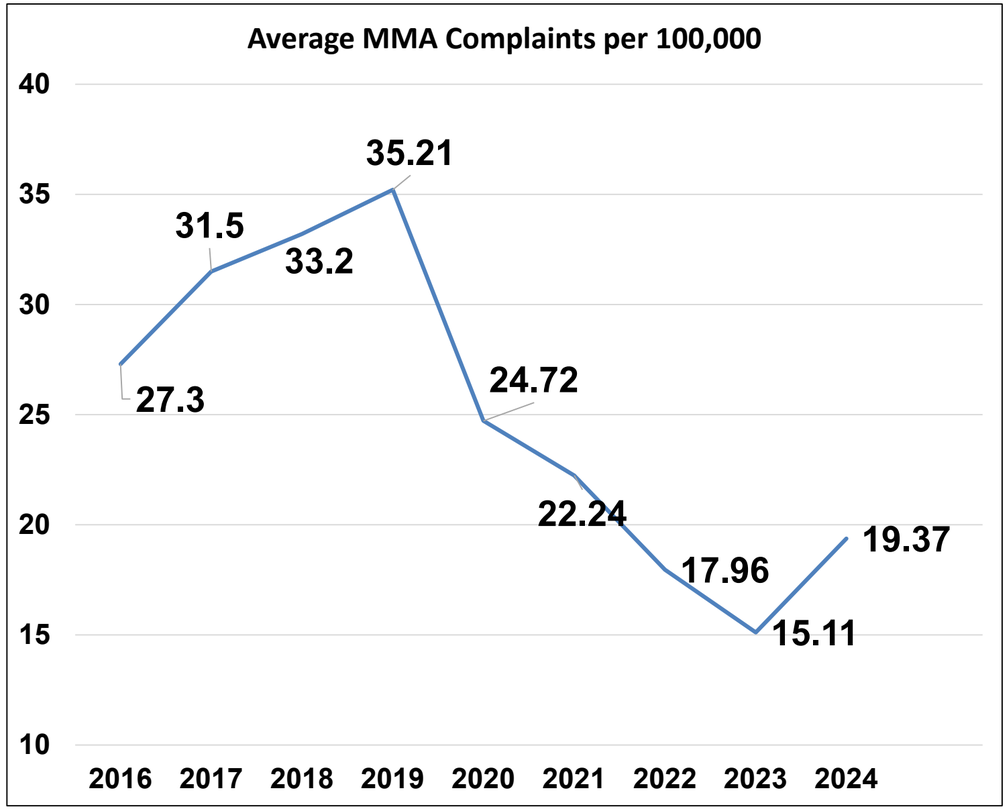
In Calendar Year (CY) 2023, Medicaid Adult and Child Core Set reporting to federal CMS, Florida Medicaid performed in the **top 25% of reporting states on the following measures**:

- Asthma Medication Ratio – Ages 5-18
- Well-Child Visits in the First 30 Months of Life – 2 or more during the 15th-30th Months of Life
- Child and Adolescent Well-Care Visits – Ages 3-21
- Weight Assessment and Counseling for Nutrition and Physical Activity – all three components
- Postpartum Care – Under Age 21
- Postpartum Care – Age 21 and Older
- Cervical Cancer Screening
- Use of Pharmacotherapy for Opioid Use Disorder – Methadone

CAHPS

MMA Customer Satisfaction

- The Agency tracks complaints received about MMA services.



- Plans are required to survey their members on their experiences with care on an annual basis.
- Plans are required to use the health plan Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys.

2023

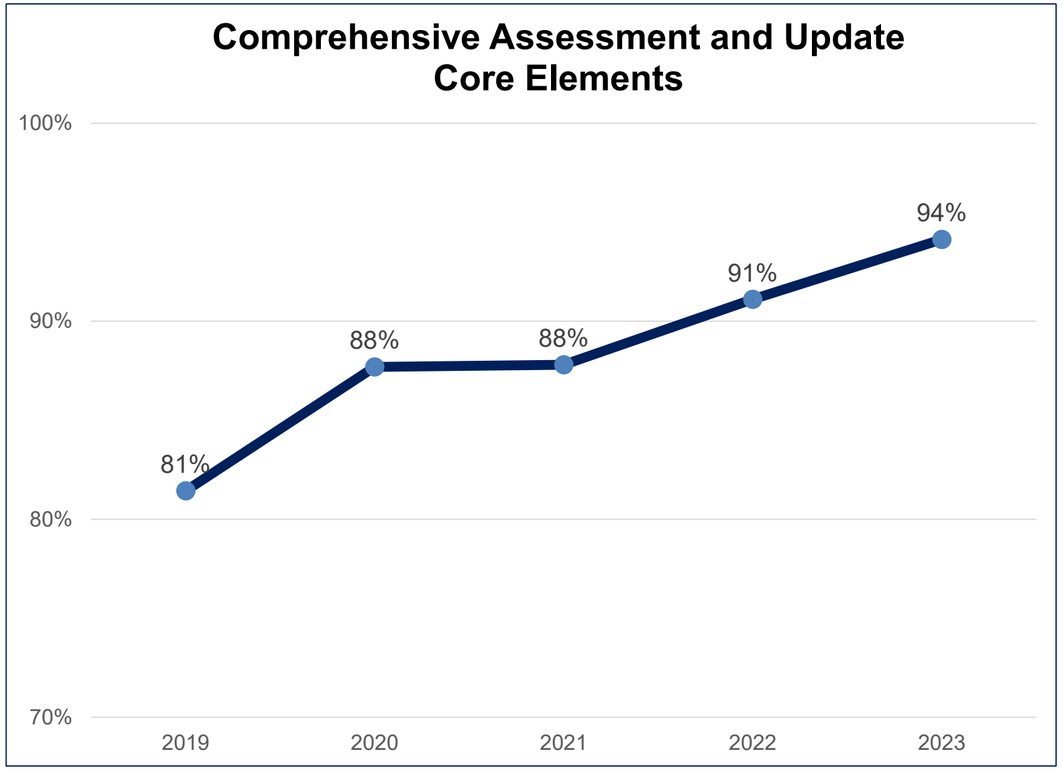
Survey Item	Adults	Parents
Overall Plan Satisfaction	74%	84%
Quality of Care Received	73%	87%

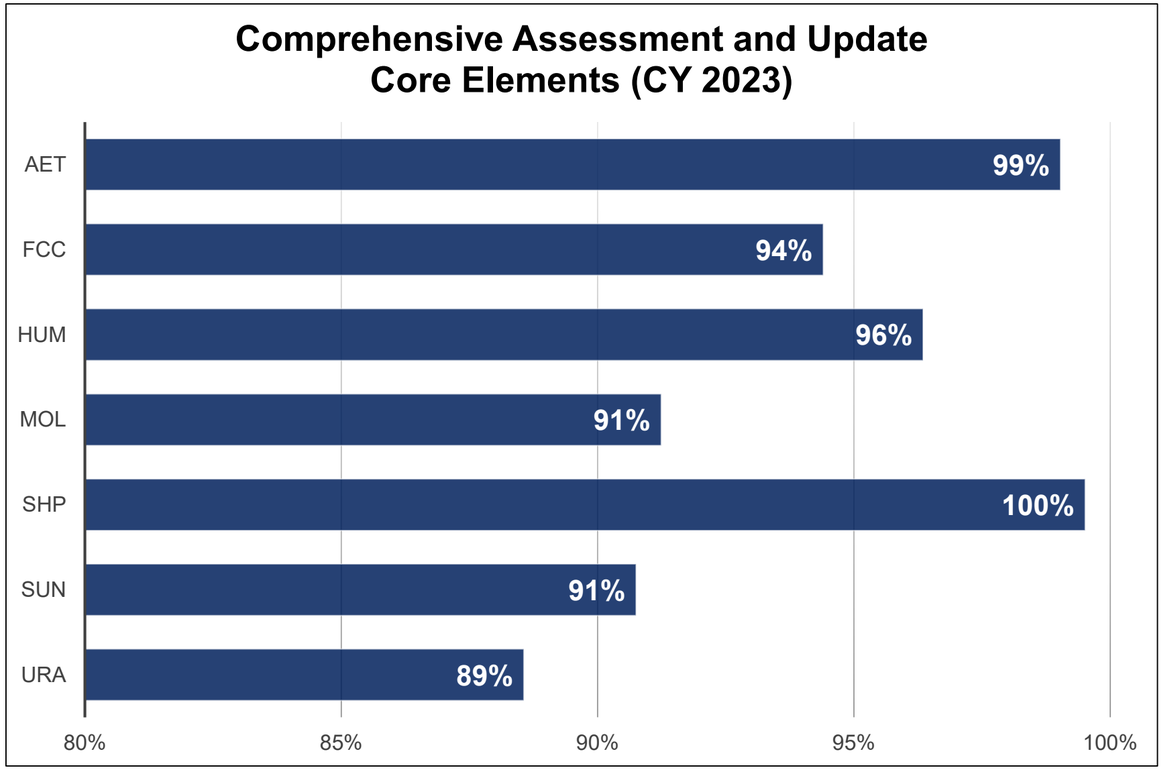
LTC Performance Measures

Measure Type	LTC	Description
Healthcare Effectiveness Data and Information Set (HEDIS)	☑	• Comprehensive Assessment and Update • Comprehensive Care Plan and Update • Shared Care Plan with Primary Care Practitioner • Reassessment/Care Plan Update after Inpatient Discharge
Consumer Assessment of Health Care Providers and Systems (CAHPS)	☑	Home and Community Based Services (HCBS) CAHPS Survey
Other	☑	CMS/Mathematica measures: • Screening, Risk Assessment, and Plan of Care to Prevent Future Falls • Admission to an Institution from the Community • Minimizing Institutional Length of Stay • Successful Transition after Long-Term Institutional Stay

There are several types of performance measures and measure sources used to assess the quality of the LTC program.

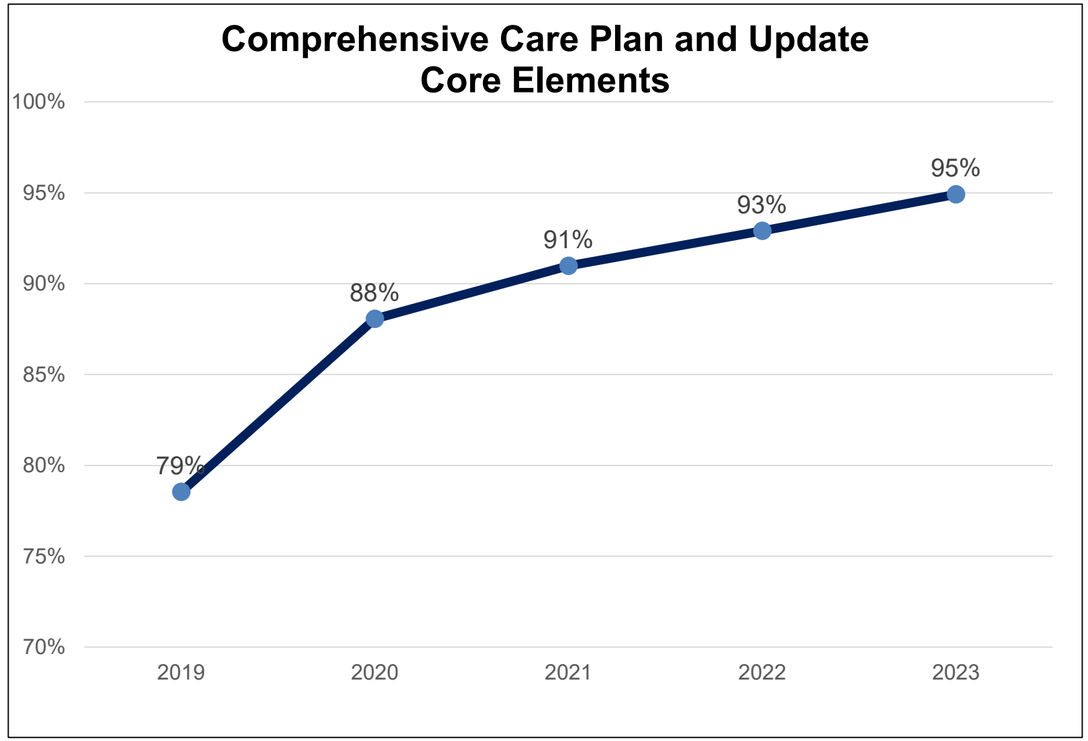
Comprehensive Assessment and Update Core Elements

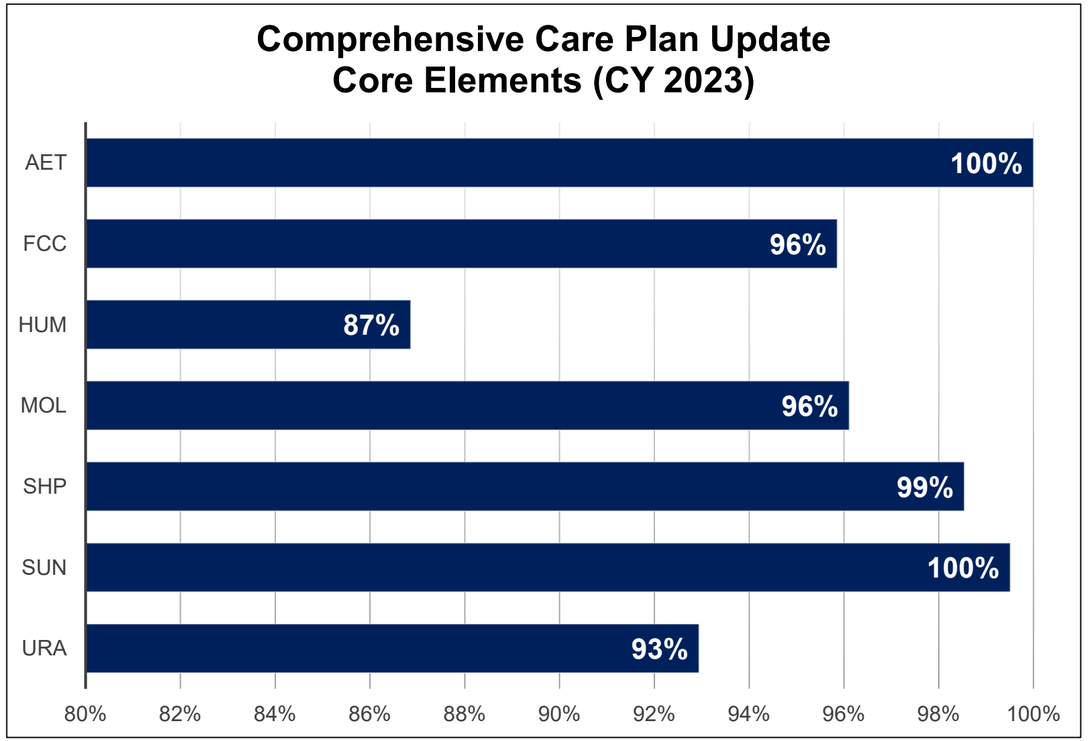




The first full year of LTC plan reporting of this measure was CY 2019.

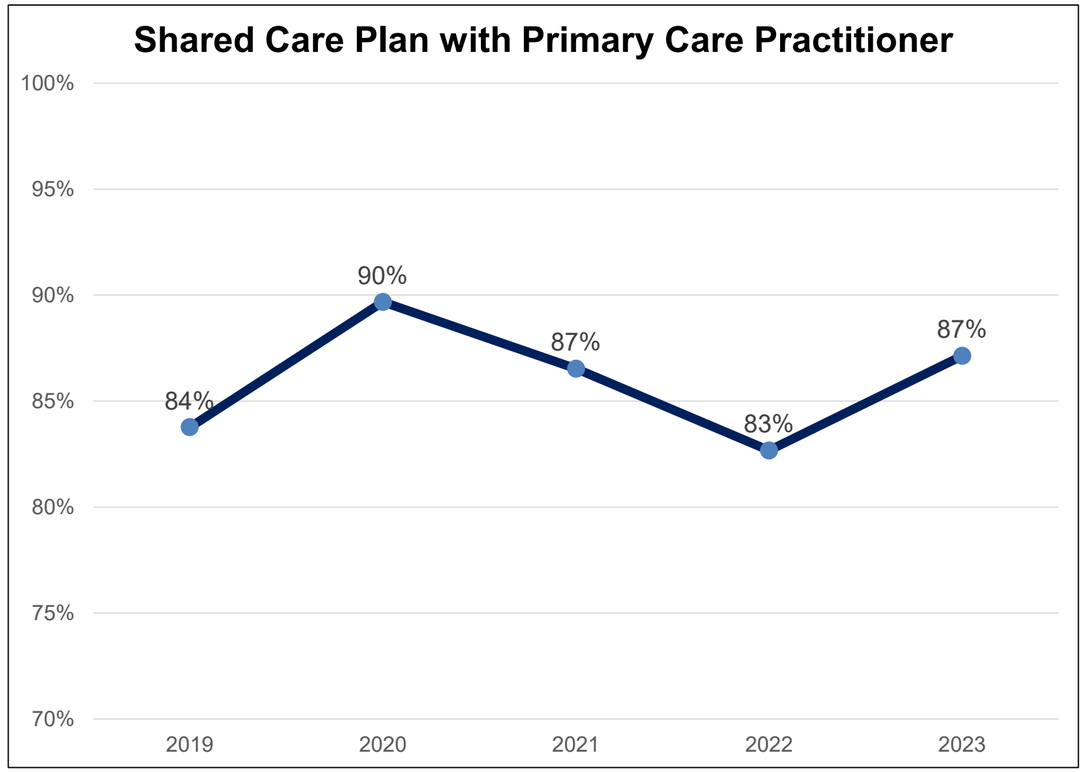
Comprehensive Care Plan and Update Core Elements

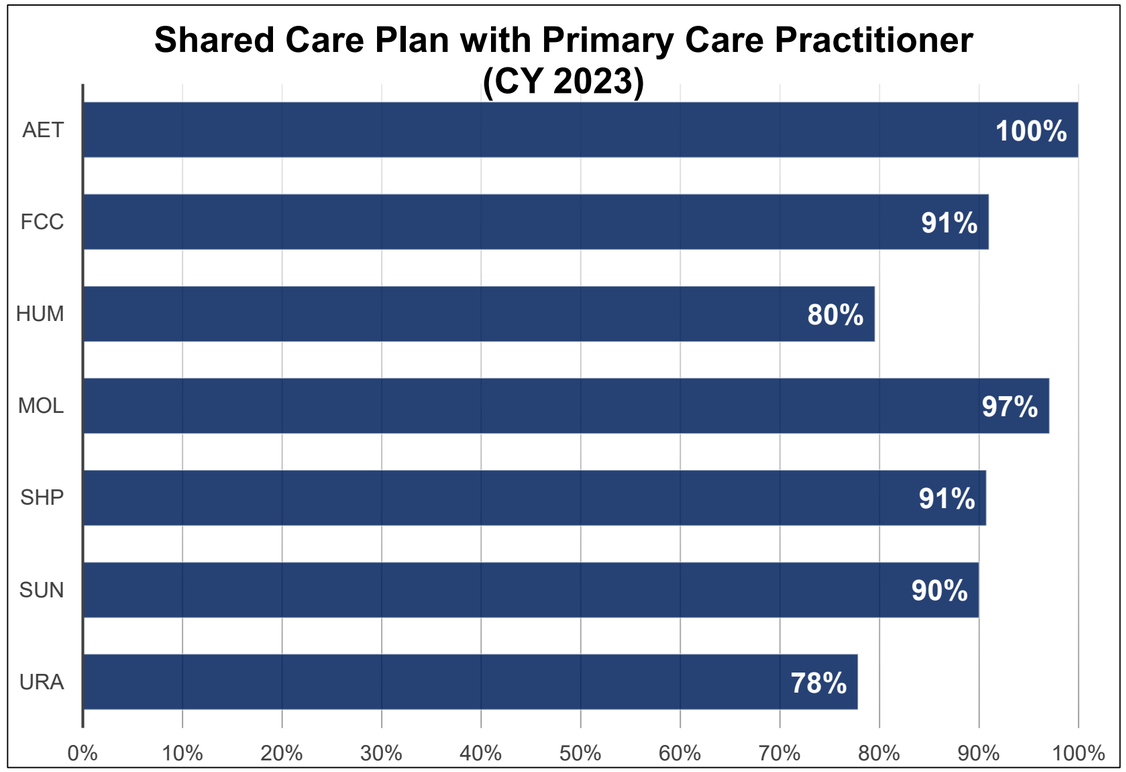




The first full year of LTC plan reporting of this measure was CY 2019.

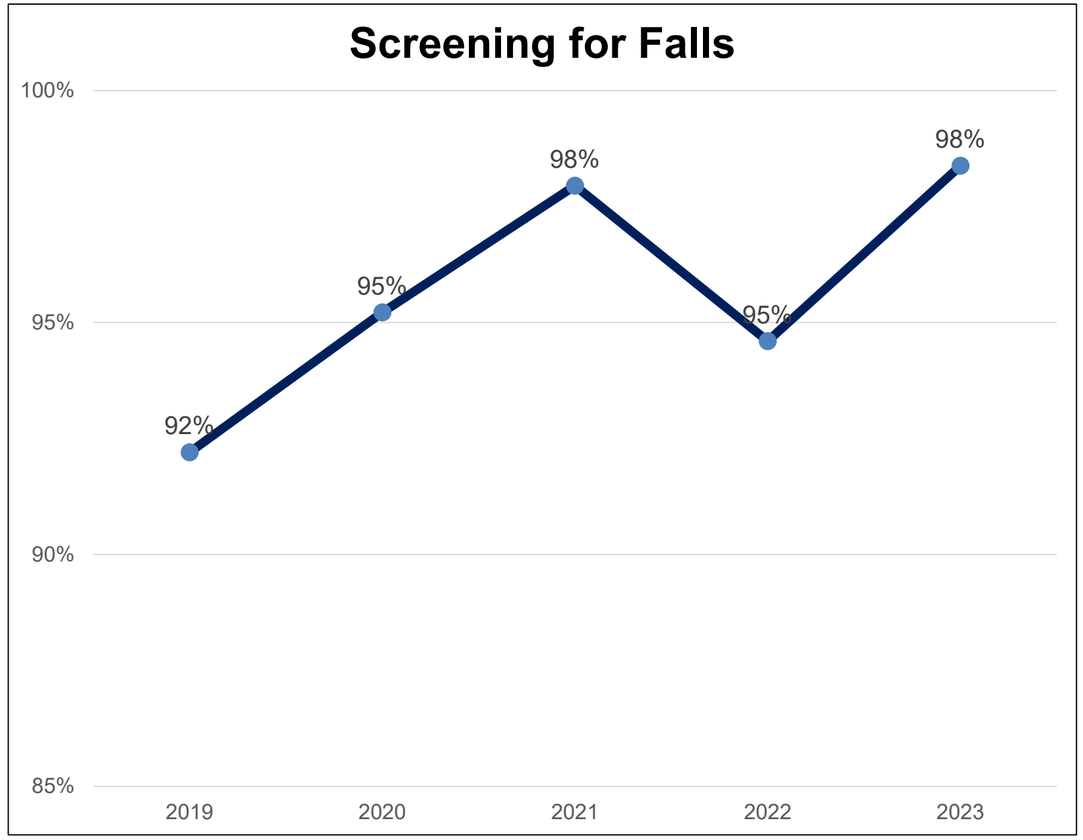
Shared Care Plan with Primary Care Practitioner

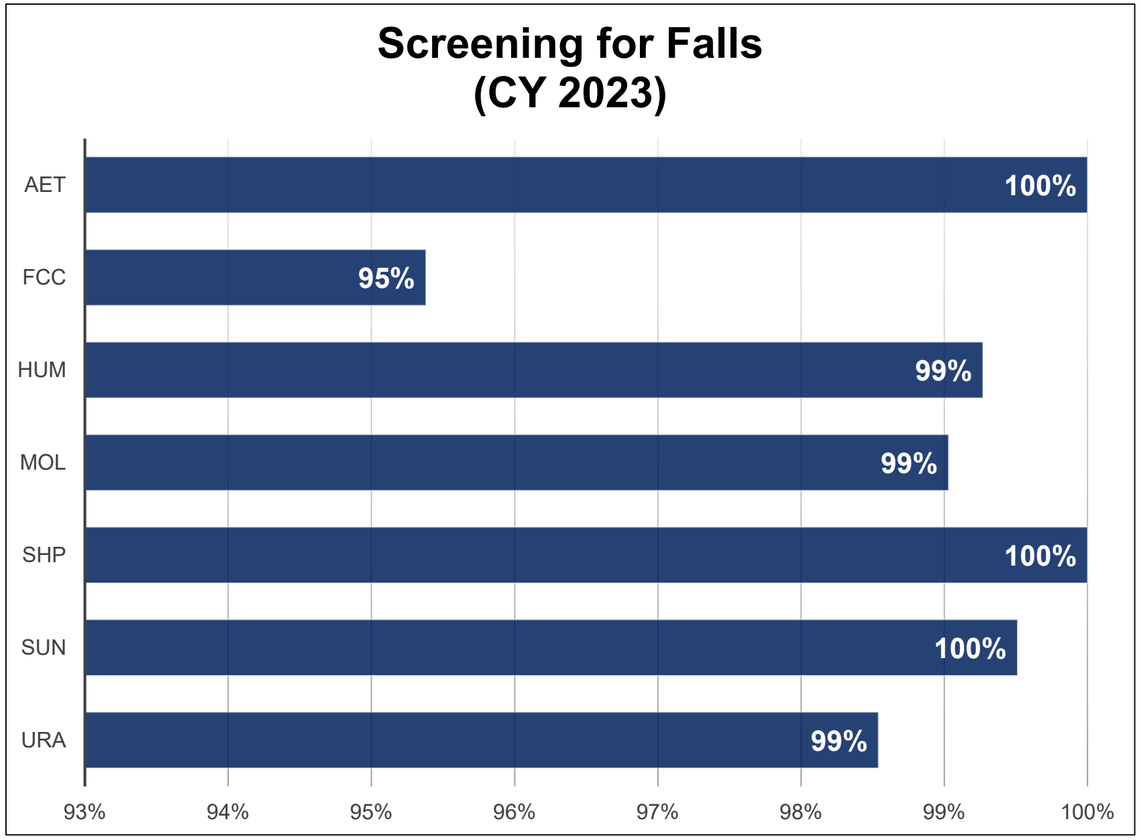




The first full year of LTC plan reporting of this measure was CY 2019.

Screening for Falls



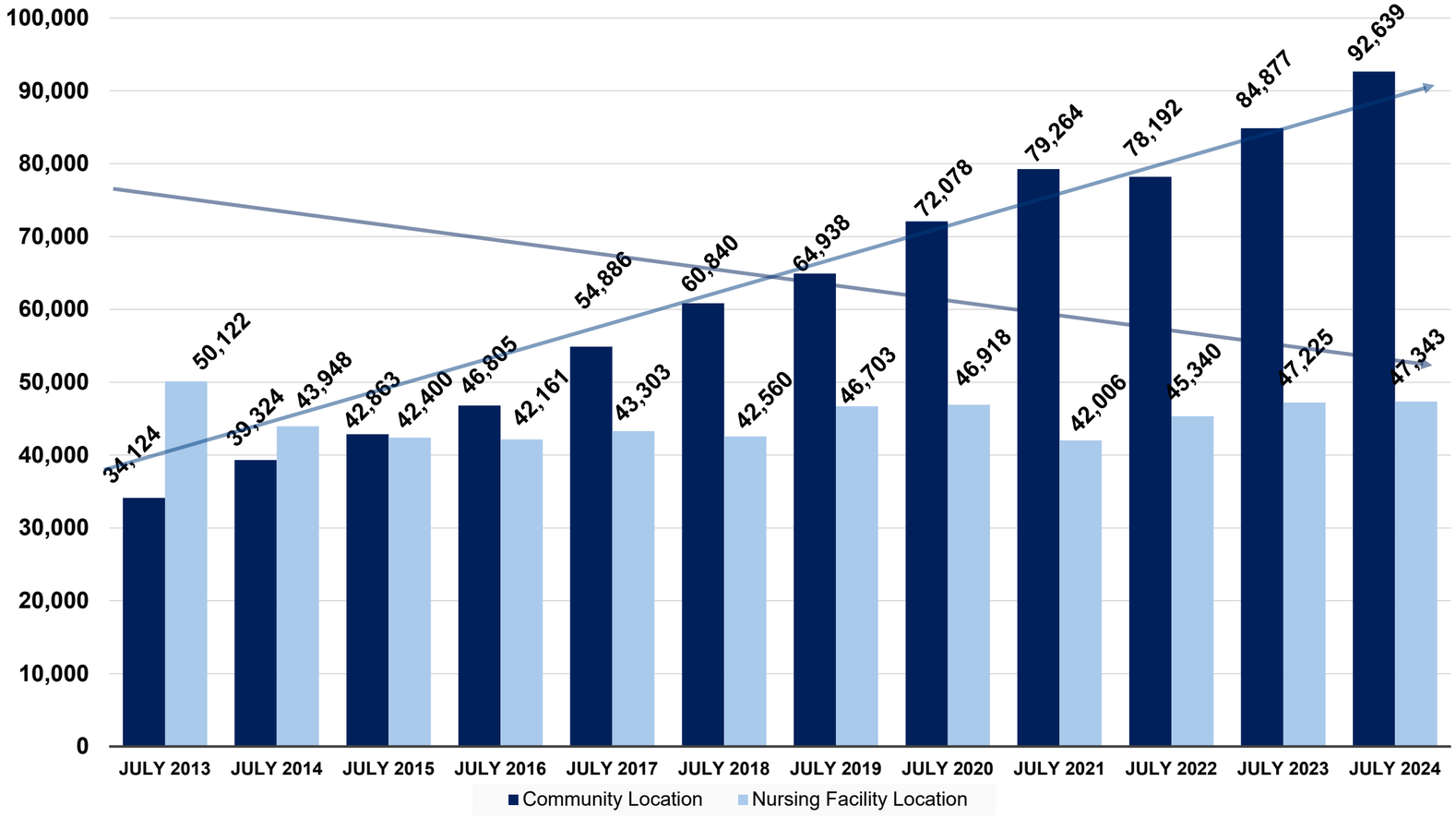


The first full year of LTC plan reporting of this measure was CY 2019.

LTC Improved Care Transitions

Prior to the SMMC program, **40%** were living in the community.

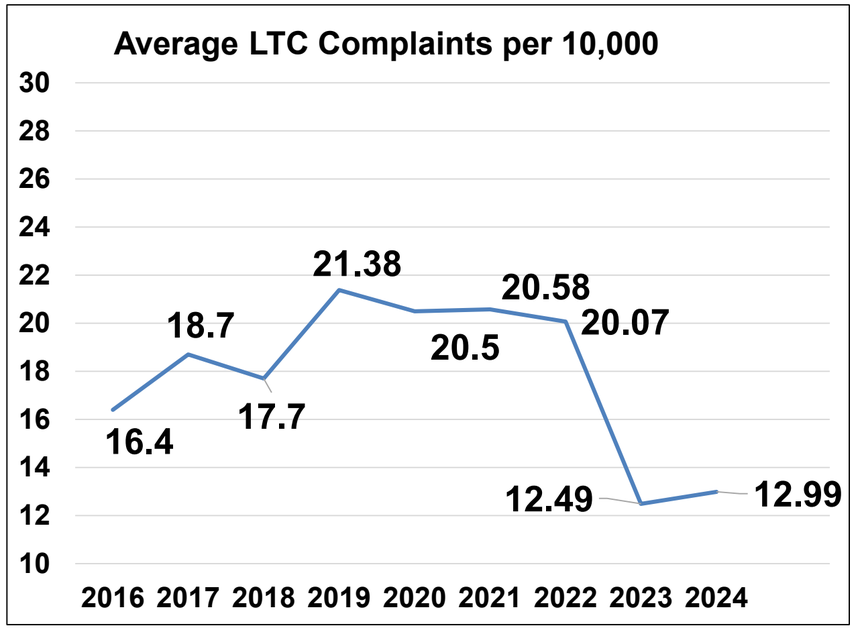
As of July 2024, **67%** were living in the community.



CAHPS

LTC Consumer Satisfaction

- The Agency tracks complaints received about LTC services.



- Plans are required to survey their members on their experiences with care on an annual basis.
- Plans are required to use the Home and Community Based Services (HCBS) CAHPS Survey for their LTC members.
- In 2023, patients or their family/caregivers rated their LTC as a 9 or 10 (on a scale of 1-10)

2023

Survey Item	Respondents
Staff are reliable, helpful	82%
Rating of case manager	82%

Dental Performance Measures

There are several types of performance measures and measure sources used to assess the quality of the Dental program.

Measure Type	Dental	Description
HEDIS	☑	Annual dental visit
CMS Adult and Child Core Set	☑	• Sealant receipt on permanent first molars • Oral evaluation • Topical fluoride for children at elevated caries risk
CMS 416	☑	• Dental treatment services • Preventive dental services
Agency Defined	☑	• Percentage of dental-related ED visits for enrollees ages 0-20 who received a follow-up visit with the appropriate provider within 30 days • Coordination of transportation services with the SMMC health plans
Other	☑	Dental Quality Alliance measures: • Ambulatory care sensitive ED visits for dental caries in children • Follow-up after ED visits for dental caries in children • Ambulatory care sensitive ED visits for non-traumatic dental conditions in adults and treatment services • Treatment Services (Pediatric Measure) • Caries Risk Documentation
CAHPS	☑	Dental Plan CAHPS Survey of parents about their experiences with their child's dentist, dental care, and dental plan

Dental Quality Measures

Prevention

- Screening, risk
- Coordination of transportation services with SMMC health plans
- Oral evaluation
- Topical fluoride for children
- Sealant application on permanent first molars

Agency Defined and Dental Quality Alliance measures were included in the dental contract.

The first year of reporting was CY 2019.

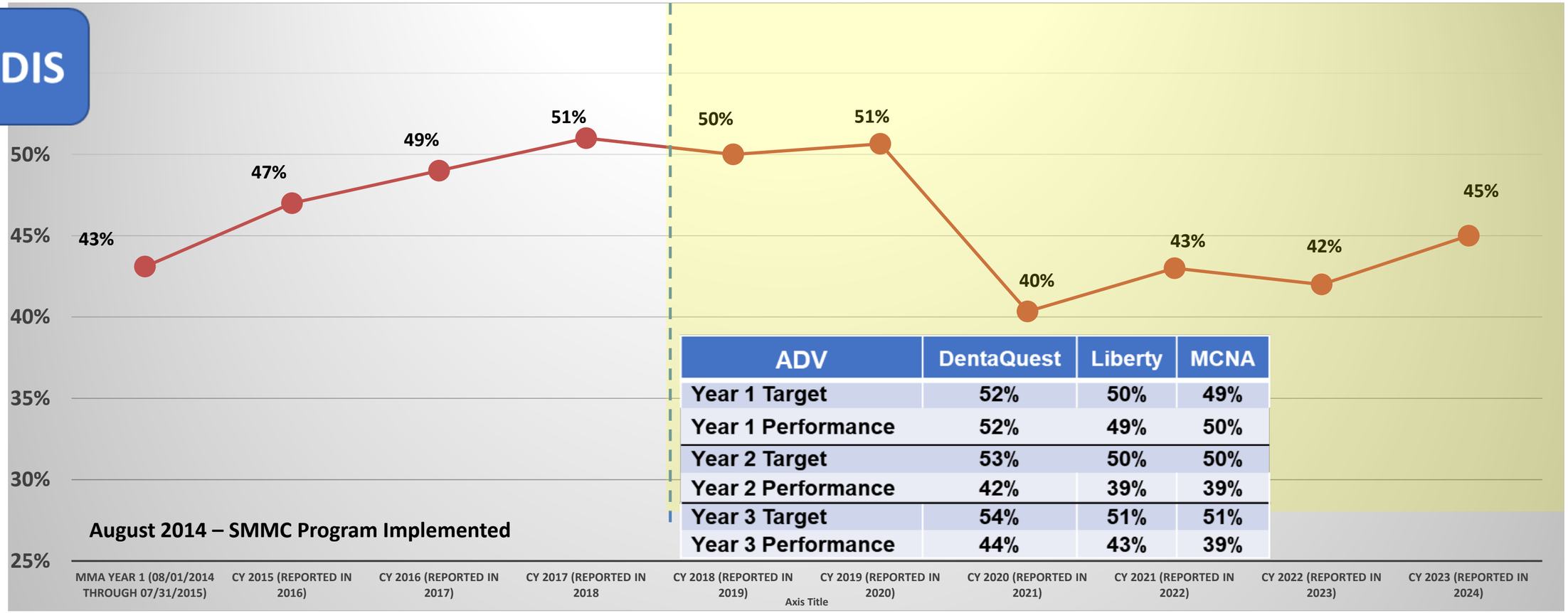
Limited national rates for comparison.

Treatment

- Reducing potentially preventable dental-related Emergency Department (ED) visits
- Ambulatory care sensitive ED visits for dental caries in children
- Follow-up after ED visits for dental caries in children
- Ambulatory care sensitive ED visits for non-traumatic dental conditions in adults
- Treatment services

Annual Dental Visit Measure 2014-2023

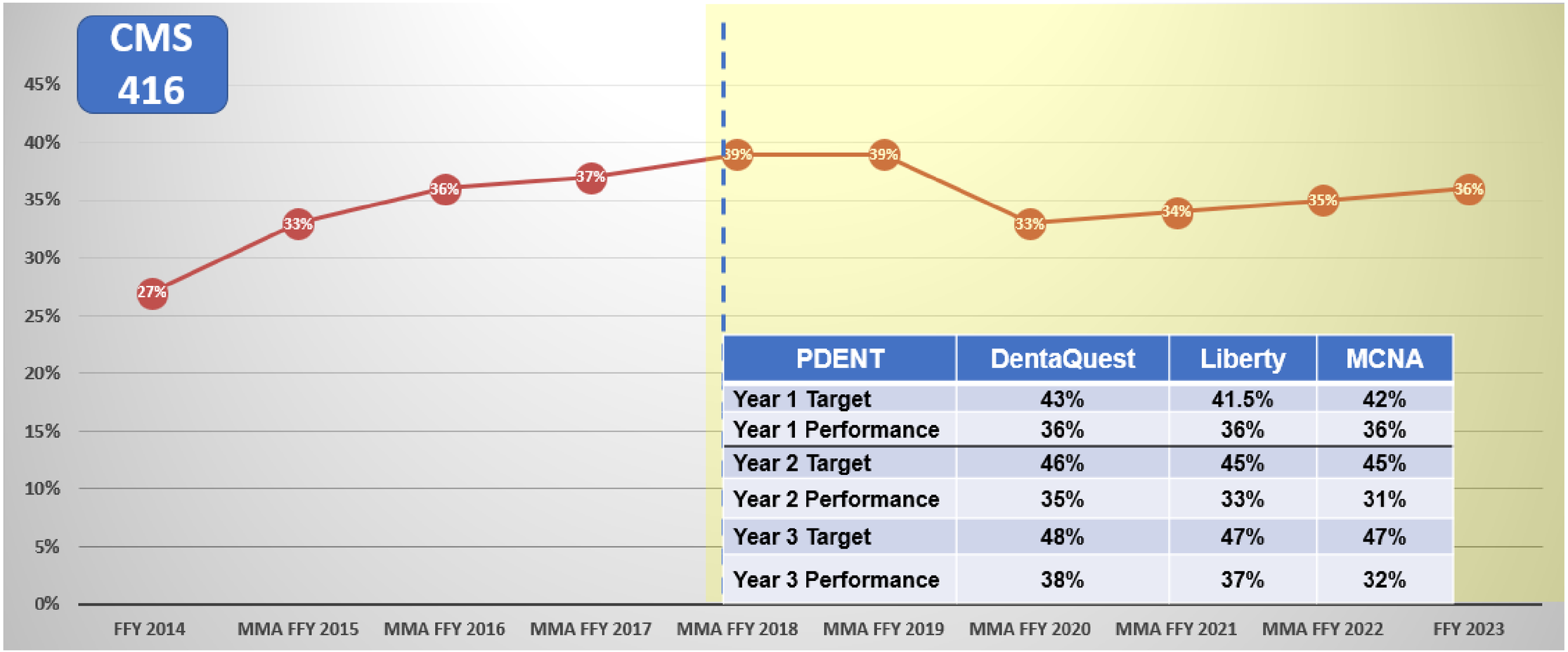
HEDIS



ADV	DentaQuest	Liberty	MCNA
Year 1 Target	52%	50%	49%
Year 1 Performance	52%	49%	50%
Year 2 Target	53%	50%	50%
Year 2 Performance	42%	39%	39%
Year 3 Target	54%	51%	51%
Year 3 Performance	44%	43%	39%

The Dental plans began operations between December 1, 2018, and February 1, 2019, in different regions of the state.

Preventive Dental for Children 2014-2023

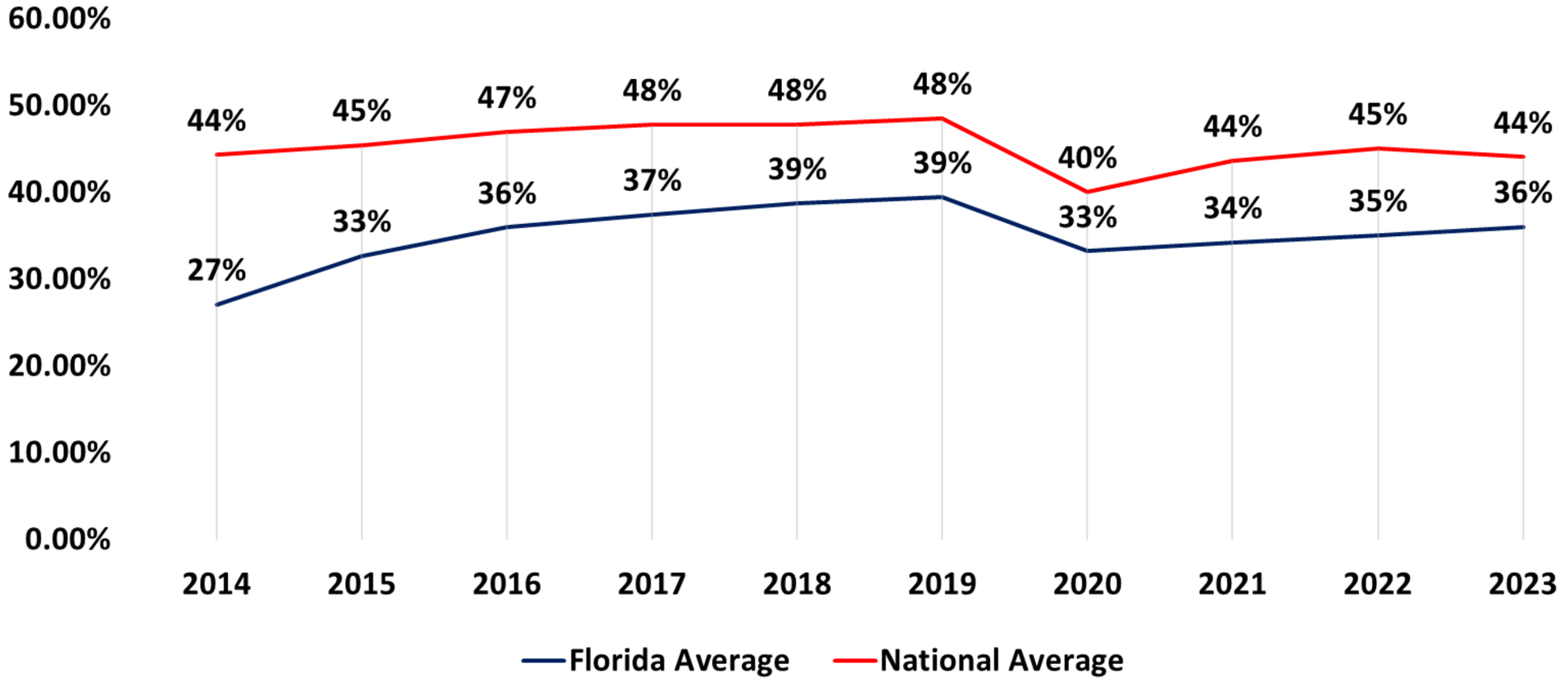


PDENT	DentaQuest	Liberty	MCNA
Year 1 Target	43%	41.5%	42%
Year 1 Performance	36%	36%	36%
Year 2 Target	46%	45%	45%
Year 2 Performance	35%	33%	31%
Year 3 Target	48%	47%	47%
Year 3 Performance	38%	37%	32%

The Dental plans began operations between December 1, 2018, and February 1, 2019, in different regions of the state.

Florida vs. Nation on Preventive Dental 2014-2023

Child Core Set



Accountability in Action

- The SMMC contracts have stringent accountability standards related to quality improvement requirements.
- A health plan's failure to meet the targets may result in the imposition of liquidated damages (LDs).

PLAN TYPE	CY 2019	CY 2020	CY 2021	CY 2022
MMA/LTC/SPEC	$ 5,021,110	$ 13,968,722	$ 21,920,480	$ 22,053,881
Dental	None	$ 6,193,500	$ 5,945,450	$ 7,358,590
TOTAL LDs	$ 5,021,110	$ 20,162,222	$ 27,865,930	$ 29,412,471

Notes:

- CY 2019: Performance measure LDs were limited to HEDIS measures using the administrative methodology as plans were unable to access medical records. No Well-Child Visit Report-related LDs available due to the timing of the federal fiscal year.

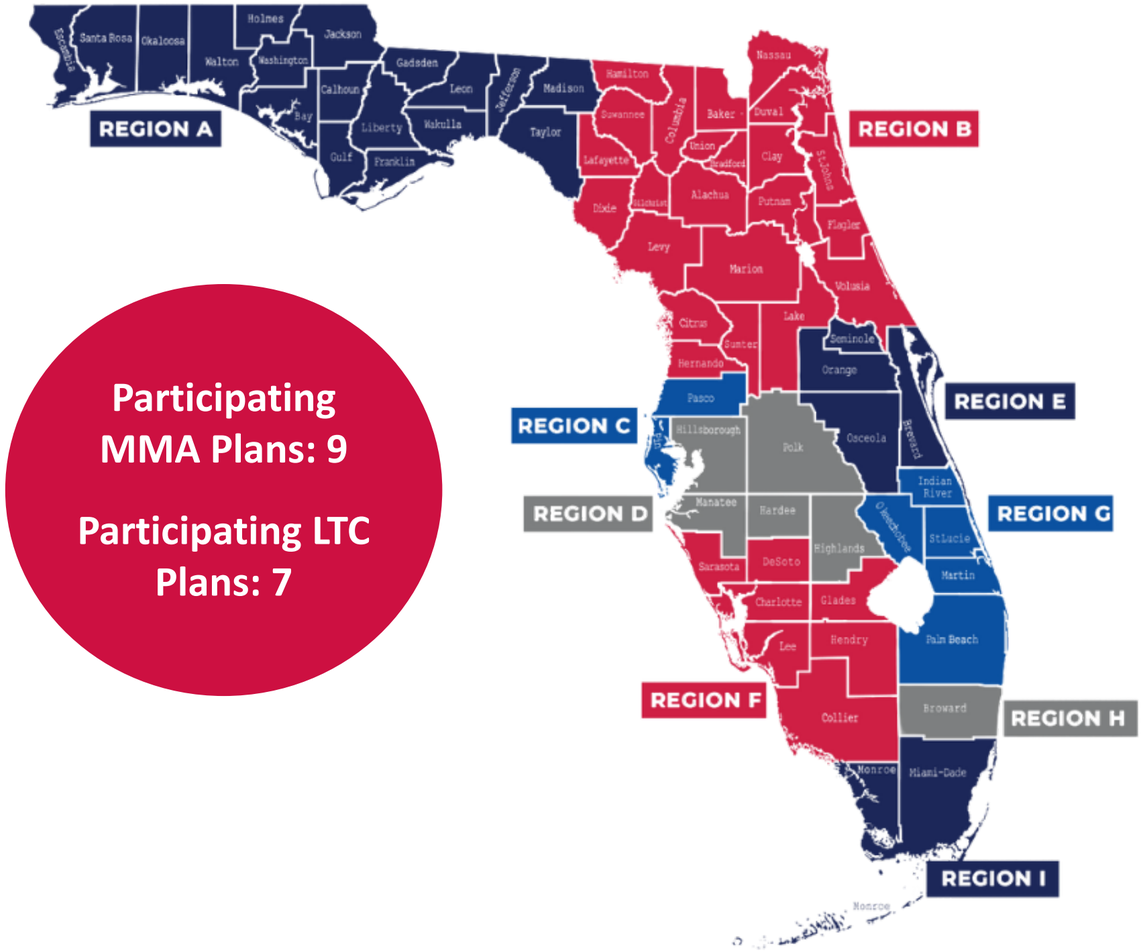
Looking Ahead: Elevating Quality in SMMC 3.0

SMMC 3.0 Health Plans and Enrollment

Enrollment by Plan as of September 30, 2025			
Health Plan	Managed Medical Assistance	Long-term Care	Regions
Aetna	130,967	8,942	D, E, I
Community Care Plan	62,463	N/A	E, F, G, H, I
Children's Medical Services Plan	107,536	N/A	Statewide
Florida Community Care	30,090	29,395	Statewide
Humana	515,424	30,924	Statewide
Molina	56,336	3,139	I
Simply	523,448	24,518	Statewide
Sunshine	1,164,135	32,899	Statewide
United Healthcare	234,732	21,298	B, D, I
TOTAL	2,825,131	151,115	2,976,246

Participating MMA Plans: 9

Participating LTC Plans: 7



Multi-Pronged Approach to Elevating Quality

The next slides will showcase several ways the Agency designed a multi-pronged approach to **elevating quality in SMMC 3.0**.

- Quality Withhold Incentive
- Chronic Disease Management Programs
- Healthy Behaviors Programs
- Performance Improvement Projects
- Value-Based Purchasing
- Other Enhancements

SMMC Quality Withhold Incentive

- The improved quality strategy is designed to enhance the quality of care provided to Medicaid recipients by providing a continual and increasing incentive, with corresponding penalties, for the Managed Care Plans and Dental Plans to achieve and maintain high performance in key health and dental measures.
- The new structure utilizes a layered approach, where with each incremental increase or decrease in performance, the plan is either rewarded or penalized. This structure eliminates the incentive “cliff” or “gap” that existed in prior contracts where once a certain level of performance was achieved, the return on further investment diminished.
- This approach aims to promote healthier outcomes for recipients, ensure cost efficiency, and drive continuous improvement in health care and delivery.

SMMC Quality Withhold Incentive Continued

MMA Goal: Growing Up Healthy

- Includes performance measures for Child and Adolescent Well-Care Visits and Follow-up after ED visits and hospitalizations for mental illness.

MMA Goal: Achieve Healthy Birth Outcomes for Moms and Babies

- Includes performance measures for Prenatal Care, Postpartum Care, and Well-Child Visits in the First 15 Months

MMA Goal: Promoting Optimal Outcomes for Individuals with Chronic Diseases

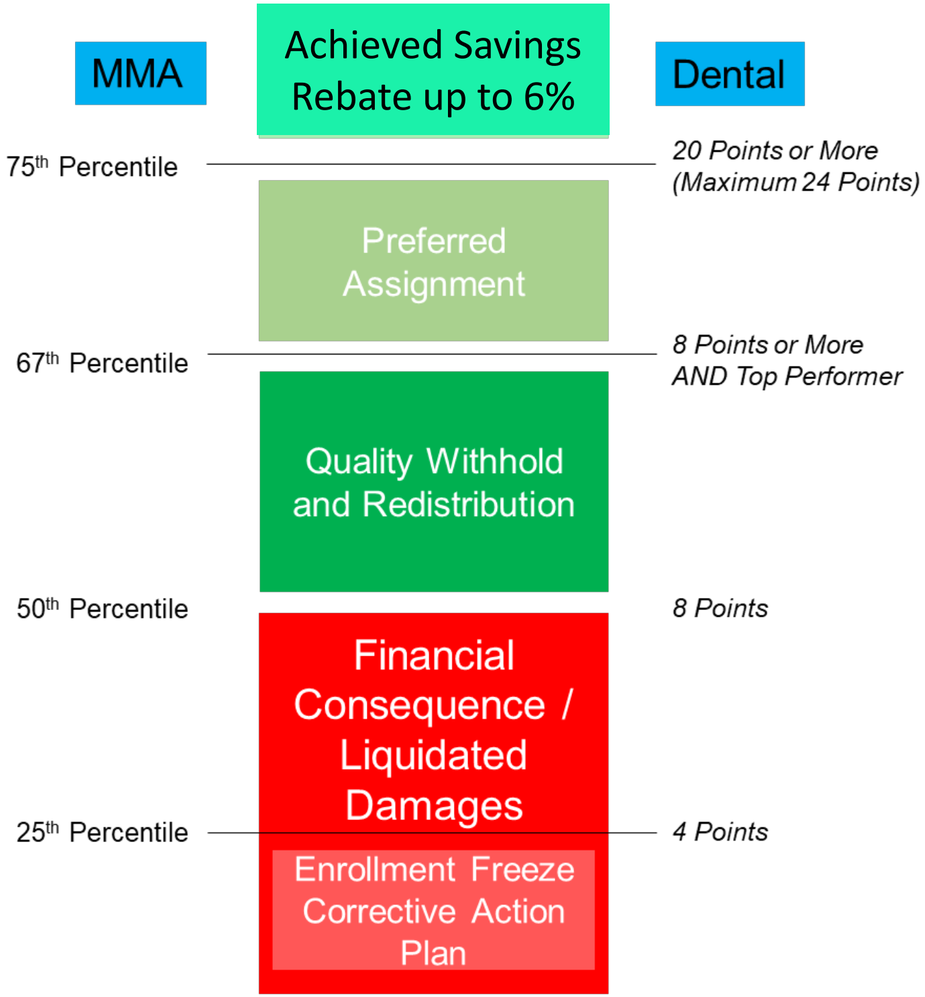
- Includes performance measures related to diabetes (glycemic status assessment) and controlling blood pressure.

Dental Goal:

- Includes performance measures for preventive dental services for children including oral evaluation, sealants, and topical fluoride, as well as follow-up after emergency department visits for dental caries in children.

SMMC Quality Withhold Incentive Continued

Layered Approach to Drive Continued Improvement
• This strategy is designed to enhance the quality of care provided to Medicaid recipients by incentivizing health plans and dental plans to achieve and maintain high performance in key health and dental measures.
• This approach aims to promote healthier outcomes for recipients, ensure cost efficiency, and drive continuous improvement in health care and delivery.



Penalties for Poor Performance
• Failure to achieve minimum scores on HEDIS performance measures after the first year of poor performance.
• Agency may impose monetary sanctions, corrective action plans, performance measure monetary penalties, and temporary enrollment limitations, such as temporary enrollment freezes, enrollment algorithm reductions, and/or enrollment caps.

SMMC Quality Withhold Incentive Continued

Layered Approach to Promote Continued Improvement: Managed Medical Assistance and Dental Programs	
Incentive	**Description**
Quality Withhold	The Agency withholds 2% of the Plan's capitation rate annually for MMA, and 1.5 % for dental. Plans can earn back the withhold based on performance in specific measures.
Quality Preferred Assignment	High-performing plans may receive additional auto-assignment enrollments of recipients into their plan. To qualify, plans must earn their full 2% or 1.5% withhold and be among the top three highest scoring plans based on total quality points.
Achieved Savings Rebate (ASR) One Percent Quality	Plans must submit annual ASR reports detailing premium revenue, costs, and income or losses. Plans that achieve savings and meet quality measures can retain an additional 1% of their ASR.
Financial Consequences	Plans that fail to meet minimum standards may face financial penalties such as liquidated damages, sanctions, temporary enrollment limitations, auto-assignment restrictions, and enrollment caps.

Chronic Disease Management Programs

Chronic Disease Management in SMMC 3.0 Managed Medical Assistance Program
• Improve health outcomes of enrollees with chronic conditions by mitigating disease progression, reducing complications, and preventing comorbidities.
• Minimize symptoms and prevent unnecessary hospitalizations. • Improved quality of life, social engagement, gainful employment, completing career education, and independence. • More people with good physical and mental function lowers the cost of the enrollee, creating a cost savings for the Managed Care Plan and the state.

All Plans Include Four Required Conditions

- Cancer
- Diabetes
- HIV & AIDS
- Depression

Plan Choice of Two Additional Conditions

- Kidney Disease
- Dementia
- End Stage Renal Disease
- Hypertension
- Osteoporosis
- Parkinson's Disease

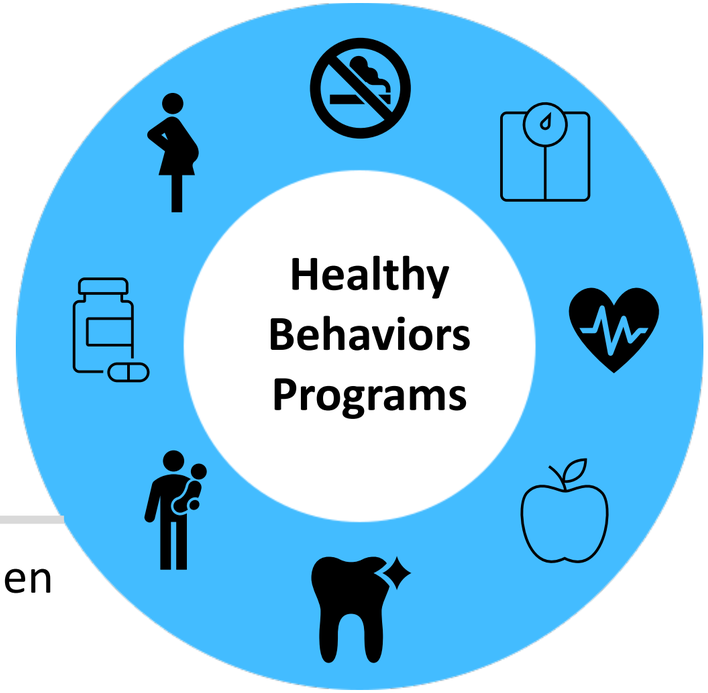
MMA and Comprehensive Plan Additional Condition(s)

- Anxiety Disorders
- Attention Deficit Hyperactivity Disorder (ADHD)
- Bipolar Disorder
- Substance Use Disorder

Healthy Behavior Programs

SMMC Plan programs are designed to promote healthy living and improved health outcomes. Enrollees receive incentives for meeting milestones.

- Programs include:
  - Smoking cessation
  - Medically directed weight loss
  - Alcohol cessation
  - Substance use disorder recovery
  - **Tobacco use recovery ~ NEW in SMMC 3.0**
  - **Opioid use recovery ~ NEW in SMMC 3.0**



Dental plans Healthy Behavior programs focus on ensuring pregnant women and children participate in all available preventive dental care and include interactive educational components.

Performance Improvement Projects (PIPs)

Managed Care Plans are required to **develop, implement, and monitor** Performance Improvement Projects aimed at achieving sustained improvements in the quality of care, access to services, and overall health outcomes of members.

Performance Improvement Projects are **submitted** to the Agency for review annually and are **validated** by the Agency's contracted External Quality Review Organization (EQRO) in accordance with federal protocols.

Performance Improvement Projects (PIPs)

MMA Goal: Achieve Healthy Birth Outcomes for Moms and Babies

- A collaborative PIP across the plans focused on improving timeliness of prenatal care and postpartum care.

MMA Goal: Growing Up Healthy

- A collaborative PIP across the plans focused on Follow-up within 7 days of hospitalizations and emergency department visits for mental illness.

MMA Goal: Promoting Optimal Outcomes for Individuals with Chronic Diseases

- SMMC Plans must conduct a PIP focused on closing gaps in health care outcomes related to chronic conditions.

LTC Goal: Healthy Aging

- SMMC plans serving the LTC population are required to conduct PIPs focused on maximizing home and community-based placement and services to improve independence, well-being, safety, and mental health in adults.

Value-Based Purchasing

Value-Based Purchasing Tenets: Maximize high value care, reduce inappropriate care, and reward best-performing providers.
Plans are required to have a value-based purchasing program that promotes the use of innovative health care delivery models, such as telehealth and patient-centered medical homes, that can enhance accessibility and coordination of care.
Value-based purchasing incentivizes the utilization of preventive and screening services over acute care.
Example of a value-based purchasing driven innovation: Adoption of electronic health records for better data sharing among providers, or implementation of health information exchanges to improve care coordination.
The contract contains established benchmarks that increase with each year of the contract.

Additional Quality Forward Strategies

The Agency and managed care plans will be working collaboratively to develop projects aimed at:

- Improving data sharing between medical plans and dental plans.
- Enhanced care coordination ratios for vulnerable populations.
  - Medically fragile pediatric enrollees
  - Enrollees with a serious mental illness
  - Enrollees diagnosed with HIV/AIDS
  - Child welfare enrollees
- Improving mental health and substance use screening and treatment for pregnant enrollees.
- Publishing a quarterly health plan transparency dashboard with key quality, system delivery, financial, and administrative metrics.
- Publishing population health information in the Summer of 2026.

CONTACT US

@AHCA_FL

@AHCAFLORIDA

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

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Jim Browne, Deputy Chief of Staff
Legislative Affairs

(850) 567-2133
Jim.Browne@AHCA.myflorida.com