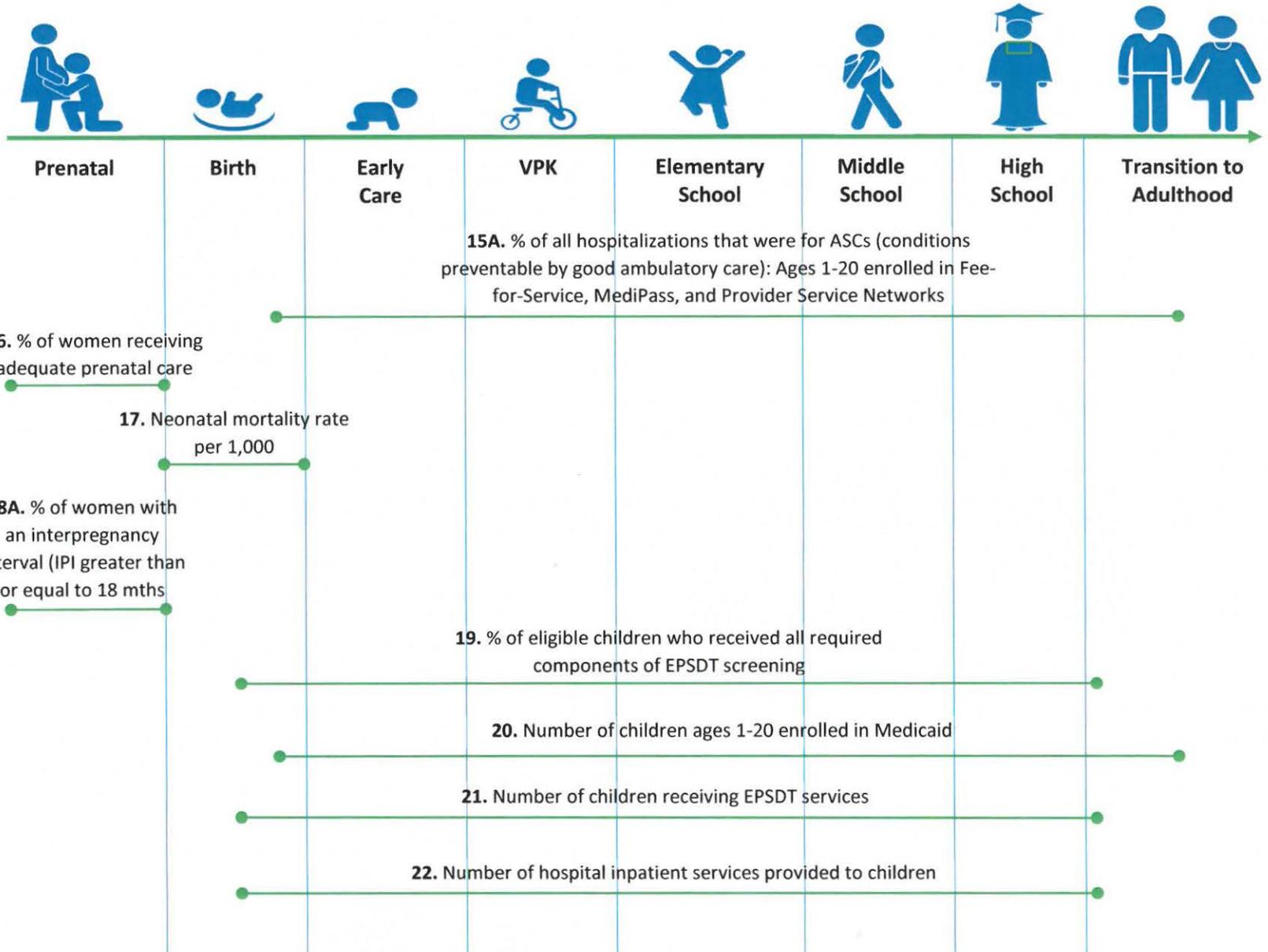


Health Care Services

Children's Special Health Care

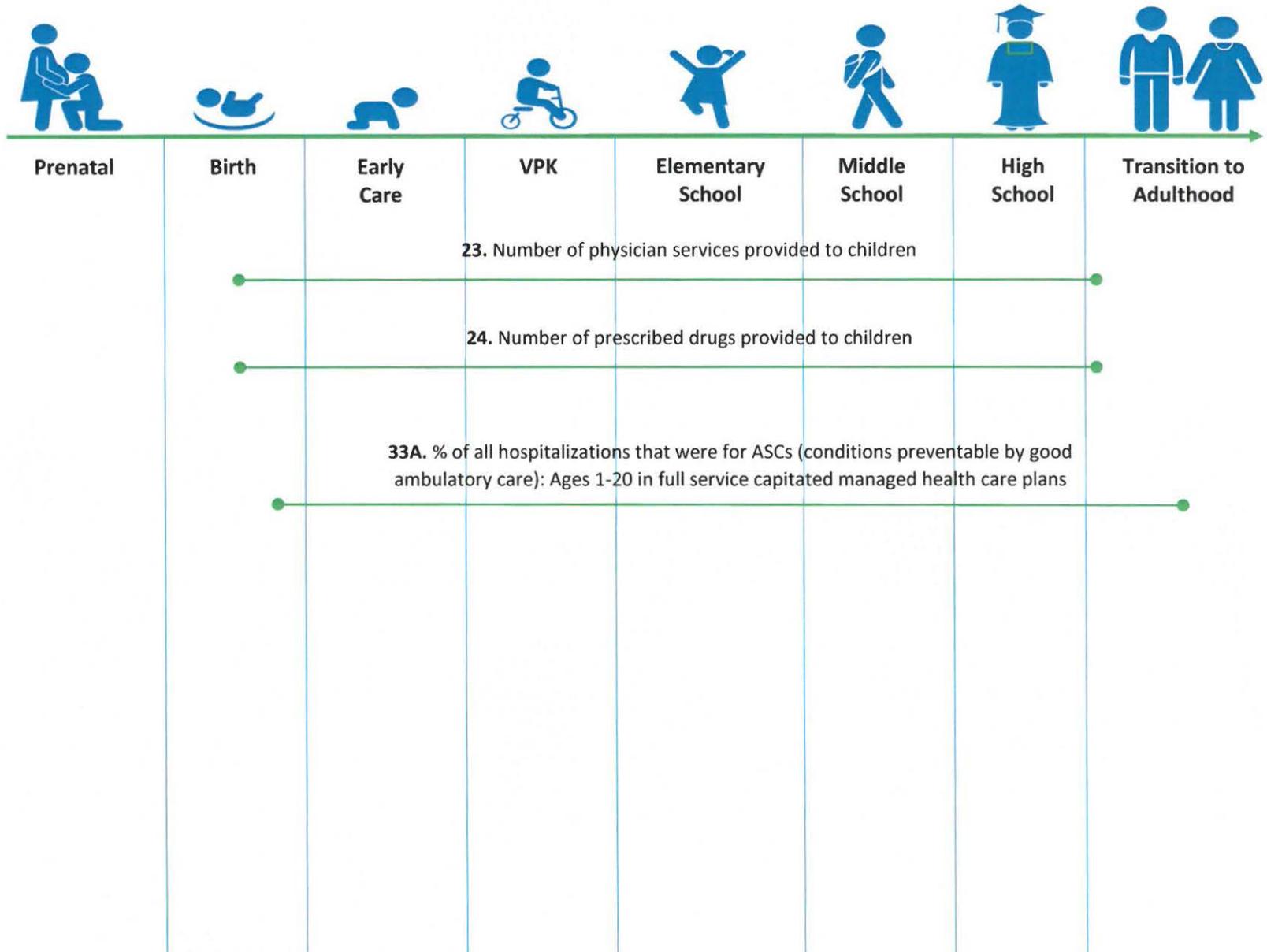
**2017-22 Long Range Program Plan
Alignment to the Cabinet's Scope**

**Agency for Healthcare
Administration**



Health Care Services

Medicaid Services individuals



**Agency for Health Care Administration
Long Range Program Plan
Fiscal Year 2017-2018 – Fiscal Year 2021-2022**

LRPP Exhibit II: Performance Measures and Standards

Approved Performance Measures for FY 2016-2017 (Words)		Approved Prior Year Standards FY 2015- 2016 (Numbers)	Prior Year Actual FY 2015- 2016 (Numbers)	Approved Standards for FY 2016- 2017 (Numbers)	Requested FY 2017-2018 Standard (Numbers)
Program: Administration and Support			Code: 68200000		
1	Administrative costs as a percent of total agency costs	0.11%	0.13%	0.11%	0.11%
2	Administrative positions as a percent of total agency positions	11.45%	11.84%	11.45%	11.45%
Program: Health Care Services			Code: 68500000		
Service/Budget Entity: Children's Special Health Care			Code: 68500100		
3	Percent of hospitalizations for conditions preventable by good ambulatory care	7.70%	See New Measure 3A Below	7.70%	DELETE ⁴
3A	New Measure - Percent of all hospitalizations that were for Ambulatory Sensitive Conditions (ASCs) (conditions preventable by good ambulatory care): CMSN enrollees (Title XIX and Title XXI)	N/A	18.23%	25.00%	20.00%
4	Percent of eligible uninsured children receiving health benefits coverage	100.00%	See New Measure 4A Below	100.00%	DELETE ⁴

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Approved Performance Measures for FY 2016-2017 (Words)		Approved Prior Year Standards FY 2015- 2016 (Numbers)	Prior Year Actual FY 2015- 2016 (Numbers)	Approved Standards for FY 2016- 2017 (Numbers)	Requested FY 2017-2018 Standard (Numbers)
4A	New Measure - Percentage of all Title XXI KidCare enrollees eligible for renewal who either renew KidCare coverage or maintain health care coverage from another source	N/A	76.70%	90.00%	75.00%
5	Percent of children enrolled with up-to-date immunizations	85.00%	N/A	85.00%	DELETE ⁴
6	Percent of compliance with the standards established in the Guidelines for Health Supervision of Children and Youth as developed by the American Academy of Pediatrics for children eligible under the program	97.00%	N/A	97.00%	DELETE ⁴
7	Percent of families satisfied with the care provided under the program	95.00%	92.30%	95.00%	90.00%
8	Total number of Title XXI-eligible children enrolled in KidCare	228,159	186,506	228,159	171,323
9	Number of Title XXI-eligible children enrolled in Florida Healthy Kids	195,867	153,961	195,867	139,279
10	Number of Title XXI-eligible children enrolled in MediKids	2,100	23,321	21,000	21,723
11	Number of Title XXI-eligible children enrolled in Children's Medical Services Network	111,292	9,224	10,053	10,321

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Approved Performance Measures for FY 2016-2017 (Words)		Approved Prior Year Standards FY 2015- 2016 (Numbers)	Prior Year Actual FY 2015- 2016 (Numbers)	Approved Standards for FY 2016- 2017 (Numbers)	Requested FY 2017-2018 Standard (Numbers)
Program: Health Care Services		Code: 68500000			
Service/Budget Entity: Executive Direction and Support Services		Code: 68500200			
12	Program administrative costs as a percent of total program costs	1.44%	0.88%	1.44%	2.00%
13	Average number of days between receipt of clean Medicaid claim and payment	15	8.75	15	15
14	Number of Medicaid claims received	145,101,035	82,662,014	145,101,035	Per Appropriations Estimate
Program: Health Care Services		Code: 68500000			
Service/Budget Entity: Medicaid Services - Individuals		Code: 68501400			
15	Percent of hospitalizations that are preventable by good ambulatory care	11.00%	N/A	11.00%	DELETE ⁴
15A	New Measure - Percent of all hospitalizations that were for Ambulatory Sensitive Conditions (ASCs) (conditions preventable by good ambulatory care): Ages 1 to 20 enrolled in Fee-for-Service, MediPass, and Provider Service Networks	N/A	7.55%	25.00%	20.00%

Agency for Health Care Administration
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Approved Performance Measures for FY 2016-2017 (Words)		Approved Prior Year Standards FY 2015- 2016 (Numbers)	Prior Year Actual FY 2015- 2016 (Numbers)	Approved Standards for FY 2016- 2017 (Numbers)	Requested FY 2017-2018 Standard (Numbers)
15B	New Measure - Percent of all hospitalizations that were for Ambulatory Sensitive Conditions (ASCs) (conditions preventable by good ambulatory care): Ages 21 and Over enrolled in Fee-for-Service, MediPass, and Provider Service Networks	N/A	16.68%	20.00%	20.00%
16	Percent of women receiving adequate prenatal care	86.00%	83.70%	86.00%	86.00%
17	Neonatal mortality rate per 1000	4.70%	4.20%	4.70%	5.00%
18	Average number of months between pregnancies for those receiving family planning services	35.00%	N/A	50.00%	DELETE ⁴
18A	New Measure - Percentage of women with an Interpregnancy Interval (IPI) greater than or equal to 18 months.	N/A	74.80%	50.00%	75.00%
19	Percent of eligible children who received all required components of EPSDT screening	64.00%	60.00%	64.00%	64.00%
20	Number of children ages 1-20 enrolled in Medicaid	1,249,276	2,317,358	1,249,276	Per Appropriations Estimate
21	Number of children receiving EPSDT services	407,052	313,196	407,052	Per Appropriations Estimate
22	Number of hospital inpatient services provided to children	92,960	143,514	92,960	Per Appropriations Estimate

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Approved Performance Measures for FY 2016-2017 (Words)		Approved Prior Year Standards FY 2015- 2016 (Numbers)	Prior Year Actual FY 2015- 2016 (Numbers)	Approved Standards for FY 2016- 2017 (Numbers)	Requested FY 2017-2018 Standard (Numbers)
23	Number of physician services provided to children	6,457,900	8,097,538	6,457,900	Per Appropriations Estimate
24	Number of prescribed drugs provided to children	4,444,636	4,000,642	4,444,636	Per Appropriations Estimate
25	Number of hospital inpatient services provided to elders	100,808	13,007	100,808	Per Appropriations Estimate
26	Number of physician services provided to elders	1,436,160	790,091	1,436,160	Per Appropriations Estimate
27	Number of prescribed drugs provided to elders	15,214,293	220,148	15,214,293	Per Appropriations Estimate
28	Number of children enrolled in the Medicaid Expansion	1,227	0	1,227	DELETE ⁴
Program: Health Care Services			Code: 68500000		
Service/Budget Entity: Medicaid Long Term Care			Code: 68501500		
29	Percent of hospitalizations for conditions preventable with good ambulatory care	12.60%	See New Measure 29A Below	12.60%	DELETE ⁴

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Approved Performance Measures for FY 2016-2017 (Words)		Approved Prior Year Standards FY 2015- 2016 (Numbers)	Prior Year Actual FY 2015- 2016 (Numbers)	Approved Standards for FY 2016- 2017 (Numbers)	Requested FY 2017-2018 Standard (Numbers)
29A	New Measure - Percent of all hospitalizations that were for Ambulatory Sensitive Conditions (ASCs) (conditions preventable by good ambulatory care): Institutional Care and Waiver Programs	N/A	N/A	20.00%	DELETE
30	Number of case months (home and community-based services)	550,436	39,629	550,436	Per Appropriations Estimate
31	Number of case months services purchased (Nursing Home)	619,387	45,644	619,387	Per Appropriations Estimate
Program: Health Care Services			Code: 68500000		
Service/Budget Entity: Medicaid Prepaid Health Plan			Code: 68501600		
32	Percent of hospitalizations for conditions preventable by good ambulatory care	16.00%	See New Measures 33A and 33B Below	16.00%	DELETE ⁴
33	Percent of women and child hospitalizations for conditions preventable with good ambulatory care	16.00%	See New Measure 33A Below	16.00%	DELETE ⁴

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Approved Performance Measures for FY 2016-2017 (Words)		Approved Prior Year Standards FY 2015- 2016 (Numbers)	Prior Year Actual FY 2015- 2016 (Numbers)	Approved Standards for FY 2016- 2017 (Numbers)	Requested FY 2017-2018 Standard (Numbers)
33A	New Measure - Percent of all hospitalizations that were for Ambulatory Sensitive Conditions (ASCs) (conditions preventable by good ambulatory care): Ages 1-20 in full service capitated managed health care plans	N/A	17.65%	25.00%	20.00% ^{4,5} (Budget Entity 68501600 no longer exists, standard should be in Medicaid Services - Individuals Budget Entity 68501400)
33B	New Measure - Percent of all hospitalizations that were for Ambulatory Sensitive Conditions (ASCs) (conditions preventable by good ambulatory care): Ages 21 and over in full service capitated managed health care plans	N/A	15.51%	20.00%	20.00% ^{4,5} (Budget Entity 68501600 no longer exists, standard should be in Medicaid Services - Individuals Budget Entity 68501400)
34	Number of case months services purchased (elderly and disabled)	1,877,040	N/A	1,877,040	DELETE ⁴
35	Number of case months services purchased (families)	9,850,224	N/A	9,850,224	DELETE ⁴
Program: Program: Health Care Regulation			Code: 68700700		
Service/Budget Entity: Health Care Regulation			Code: 68700700		

**Agency for Health Care Administration
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Agency Service Outcomes and Performance Projection Tables

Goal 1: To operate an efficient and effective government.

Health Care Regulation (Division of Health Quality Assurance)

Service Outcome Measure 1.A: The average annual number of renewal license applications received electronically via the Online Licensing Application.

Performance Projection Table 1.A:

Baseline Year FY 2015-2016	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
3,815	5,165	5,903	6,641	7,379	7,379
Percent of renewal applications received via Internet	70.00%	80.00%	90.00%	100.00%	100.00%

With the passage of the Health Care Licensing Procedures Act ([chapter 408, F.S.](#), Part II), the Agency may accept electronic submission of documents (applications and renewals) via the Internet.

Service Outcome Measure 1.B: The number of public record requests handled by the Agency's Division of HQA.

Performance Projection Table 1.B:

Baseline Year FY 2015-2016	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
3,224	2,579	2,257	1,934	1,612	1,289
Percent of reduction in the annual number of public record requests processed by HQA	20.00%	30.00%	40.00%	50.00%	60.00%

This measure represents the Agency's efforts to streamline operations in order to enable increased productivity within existing resources.

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Administration and Support (Division of Information Technology)

Service Outcome Measure 1.C: Division of Information Technology's (IT's) annual human resource retention rate.

Performance Projection Table 1.C:

Baseline Year FY 2013-2014	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	2021-2022
85.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Retention rate – The number of qualified IT staff, expressed as a percentage, who remain employed by the Agency from year to year.

Goal 2: To reduce and/or eliminate waste, fraud, and abuse.

Executive Direction and Support Services (Office of the Inspector General – Medicaid Program Integrity)

Service Outcome Measure 2.A: Amount of overpayments to Medicaid providers in millions directly identified by MPI Staff.

Performance Projection Table 2.A:

Baseline Year FY 2013-2014	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
\$27,450,000*	\$30,323,625	\$31,839,806	\$33,431,796	\$35,103,386	\$35,033,928
Projected Increase in Percent	5.00%	5.00%	5.00%	5.00%	5.00%

Service Outcome Measure 2.B: Amount of overpayments to Medicaid providers in millions prevented due to MPI Staff oversight (cost avoidance).

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Performance Projection Table 2.B:

Baseline Year FY 2013-2014	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
\$25,320,000*	\$30,637,200	\$33,700,920	\$37,071,012	\$40,778,113	\$40,778,113
Projected Increase in Percent	10.00%	10.00%	10.00%	10.00%	10.00%

Goal 3: To assure access to quality and reasonably priced health services.

Health Care Services (Division of Medicaid)

Service Outcome Measure 3.A: Transition three percent per year of statewide long term care recipients receiving care in nursing homes to community based care until no more than 35 percent of all Medicaid long-term care recipients receive care in nursing homes.

Performance Projection Table 3A.

Measurement Criteria	Baseline Year FY 2013-14	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21*	FY 2021-2022*
Number of Long Term Care Recipients*	83,446	92,690	93,617	94,553	95,499	96,454
Target Number in Nursing Homes	45,728	44,306	41,940	39,523	37,054	34,531
Target Percentage in Nursing Homes	54.80%	47.80%	44.80%	41.80%	38.80%	35.80%
Target Percentage Transitioned	--	3.00%	3.00%	3.00%	3.00%	3.00%

Source: Medicaid Program Finance

Service Outcome Measure 3.B: For the HEDIS measures that are in the Adult and Child Core Sets, improve the percentage of measures for MMA plans (weighted average for all plans by measure) that meet or exceed the National Medicaid 75th percentile to 75 percent by FY 2019-2020.

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Service Outcome Measure Projection Table 3.B:

Measurement Criteria	Baseline Year FY 2012-13	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Percentage of HEDIS measures >= 75 th National Percentile	32.00%	58.00%	66.00%	75.00%	75.00%	75.00%

Source: Bureau of Medicaid Quality

Service Outcome Measure 3.C: Transition and maintain 85 percent or more of Medicaid recipients (in terms of total member months per year) into the Statewide Medicaid Managed Care (SMMC) Program.

Performance Projection Table 3.C:

Measurement Criteria	Base Year FY 2014-15	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21*	FY 2021-22*
Total Medicaid Member Months	41,504,316	52,204,620	54,616,440	57,139,680	59,779,500	62,541,276
Target Recipient Member Months in SMMC	35,278,669	44,373,927	46,423,974	48,568,728	50,812,575	53,160,085
Projected Recipient Member Months in SMMC	31,199,904	42,354,228	44,452,584	46,506,264	48,654,828	50,902,644
Target Percentage of Medicaid Recipient Member Months in SMMC	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%

Source: Medicaid Program Finance. Total Member Months calculated as Average Caseload x 12

Service Outcome Measure 3.D: Limit the annual growth in per member per month (PMPM) costs for recipients enrolled in SMMC to less than or equal to 5 percent as measured by 1115 Waiver Budget Neutrality.

Performance Projection Table 3.D:

Measurement Criteria	Base Year FY 2014-15	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21*	FY 2021-22*
Projected PMPM Costs for SMMC Enrollees	\$318.69	\$340.40	\$357.08	\$375.65	\$395.18	\$415.73
Estimated Growth Percentage from Previous Year	--	5.00%	5.00%	5.00%	5.00%	5.00%

Source: Medicaid Program Finance