State of Florida Medicaid Access Monitoring Review Plan 2016

Report to the Centers for Medicare & Medicaid Services
October 1, 2016

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Purpose and Outline of the Report

Federal Requirements

Recently enacted federal regulations require state Medicaid programs to develop and publish a medical assistance access monitoring review plan (AMRP) for the state's Medicaid recipients. As codified in Title 42 of the Code of Federal Regulations, Medicaid Program; Methods for Assuring Access to Covered Medicaid Services, Final Rule; Rule Volume 80, No. 211, the federal Centers for Medicare and Medicaid Services (CMS) provided that the AMRP report must include:

- A methodology to analyze access to care consistent with the Act using data and other available information (i.e., must have a quantitative component in addition to any qualitative data sources)
- A description of the data and information upon which the state relies to conclude whether access is sufficient
- A review of at least certain specific categories of services every three years.
- Updated data and analysis must be incorporated into the review plan every 3 years.

In the final clarification for the rule (CMS-2328-FC; Final Access Rule with Comments), CMS stated that the rule applied only to the state's fee-for-service (FFS) population, and specifically excluded any managed care populations or any populations covered by a federal waiver program. The first report is due to CMS by October 1, 2016. This report represents Florida's submission to meet the AMRP requirements and establishes a baseline for future monitoring review using calendar year 2015 data.

Outline of the Report

The AMRP is divided into three parts.

Part 1 provides an overview of Florida's Medicaid program including several demographic characteristics of the Medicaid population, illustrates the distribution between the Medicaid populations enrolled in health plans and FFS, and further breaks down the FFS population to provide a detailed description of the different FFS recipient groups.

Part 2 discusses Florida's concerns with applying the AMRP requirements to the FFS population in managed care states like Florida, defines the recipient groups included in the report, and identifies the methodology and geographic service areas used to establish the baseline access measurements.

Finally, Part 3 of the report details Florida's initial findings for each of the required service types for calendar year 2015.

PART 1 – Overview of Florida's Medicaid Program

The Florida Medicaid program provides healthcare coverage for low-income individuals, including children, pregnant women, individuals with disabilities, the elderly, parents and other adults with special health care needs (such as HIV/AIDS). The Agency for Health Care Administration is the single state agency that administers the Medicaid program for Florida. According to the Florida Office of Economic & Demographic Research, July 2016 Medicaid Caseload Estimating Conference and January 2016 Medicaid Expenditures Estimating Conference, during state fiscal year 2015-2016 the Florida Medicaid

program provided coverage to approximately 3.97 million recipients per month with expenditures expected to total approximately $23.8 billion.

Figures 1 and 2 and Tables 1 and 2 below provide some basic demographic information about the Florida Medicaid population as of December 2015.

Figure 1 - Florida Medicaid Beneficiaries by Age
December 2015
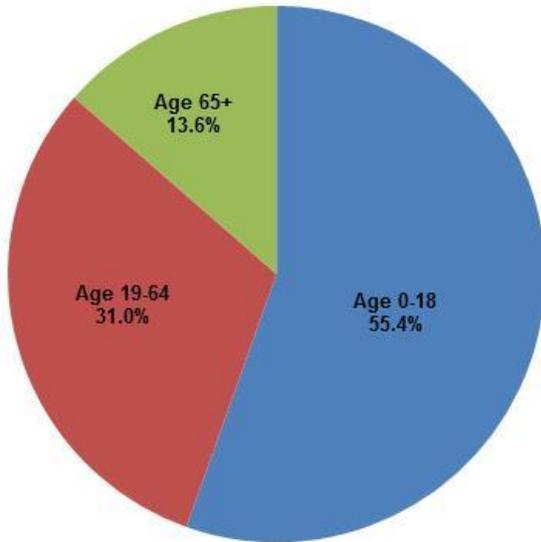
Table 1 – Total Florida Medicaid Eligibles by Eligibility Category
December 2015

Category	Total
ELD. & DISAB.	45,632
F.P. TOTAL	67,883
M. EXP. <1	1,036
M. EXP. 6-18	123,615
M.N.-SSI	7,044
M.N.-TANF	19,131
MEDIKIDS A	5,679
MEDIKIDS B	16,060
MEDIKIDS C	5,813
QMB ONLY	228,720
QMB QI	64,731
QMB SLMB	111,150
REFUGEE	23,102
SOBRA CHILD.	1,653,751
SOBRA CHLD O.P.	89,505
SOBRA P.W. O.P.	16,369
SOBRA PR. WOM.	81,246
SSI	682,494
TANF	748,343
U. P.	13
Total	**3,991,317**

Figure 2 - Florida Medicaid Recipients by Gender and Eligibility Category, as of December 2015

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Table 2 - Definition of Florida Medicaid Eligibility Categories, 2015

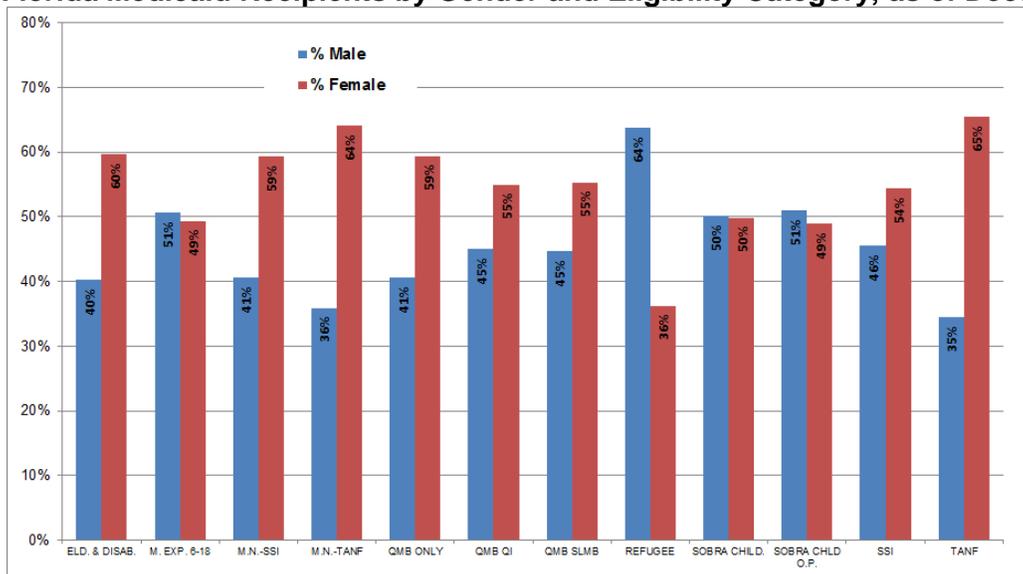| ELD. & DISAB.	Elderly & Disabled
F.P. WAIVER	Family Planning Waiver
M. EXP. <1	Medicaid Expansions For Children's Health Insurance Program (Age < 1)
M. EXP. 6-18	Medicaid Expansions For Children's Health Insurance Program (Age 6-18)
M.N.-SSI	Medically Needy That Meet Supplemental Security Income Requirements Except Income or Assets
M.N.-TANF	Medically Needy that Meet Temporary Assistance for Needy Families Requirements Except Income or Assets
MEDIKIDS A	Medicaid For Children's Health Insurance Program (With Income up to 150% FPL)
MEDIKIDS B	Medicaid For Children's Health Insurance Program (With Income > 150% FPL)
MEDIKIDS C	Medicaid For Children's Health Insurance Program (Full Pay)
P.M.A.	Categorical Eligible Public Medical Assistance
QMB ONLY	Qualified Medicare Beneficiaries
QMB QI	Qualified Medicare Beneficiaries, Part B Medicare Only (Formerly PBMO)
QMB SLMB	Qualified Medicare Beneficiaries, Special (Specified) Low-Income Medicare Beneficiaries
REFUGEE	Refugee Assistance Program
SOBRA CHILD.	SOBRA Children < 100% Federal Poverty Level (FPL)
SOBRA CHLD O.P.	SOBRA Children Over 100% FPL up to 185% of FPL (Children up to Age 6 up to 133% of FPL, Under Age 1 up to 185% of FPL)
SOBRA P.W. O.P.	SOBRA Pregnant Women Over 100% of FPL up to 185% of FPL
SOBRA PR. WOM.	SOBRA Pregnant Women up to 100% FPL
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families
U. P.	Categorical Eligible/Unemployed Parent

Source for Tables 1-2 and Figures 1-2: Medicaid Eligibility Report, January 2016, Medicaid Program Finance

According to the U.S. Census Bureau, as of April 2015, Florida is the third most populous state, with a total population of more than 19.9 million. As of December 31, 2015, Florida had 314 hospitals enrolled in the Medicaid program and almost 84,000 enrolled and active (i.e., billed for at least one Medicaid service in the prior year) Medicaid providers throughout the state. Florida also has a large network of rural health clinics and federally qualified health centers throughout the state, providing numerous options for Medicaid recipients to receive healthcare.

Florida Medicaid Recipient Populations

Florida began implementing the Statewide Medicaid Managed Care (SMMC) Program in 2012, and enrolled recipients between 2013 and 2014 completing rollout of the program in August 2014. There are two primary components of the SMMC program, the Managed Medical Assistance (MMA) program and the Long-term Care (LTC) program. By December 2015, 80 percent of all Florida Medicaid recipients were enrolled in a managed care plan (Figure 3).

Figure 3 – Florida Medicaid Enrollment by Managed Care/Fee-for-Service December 2015
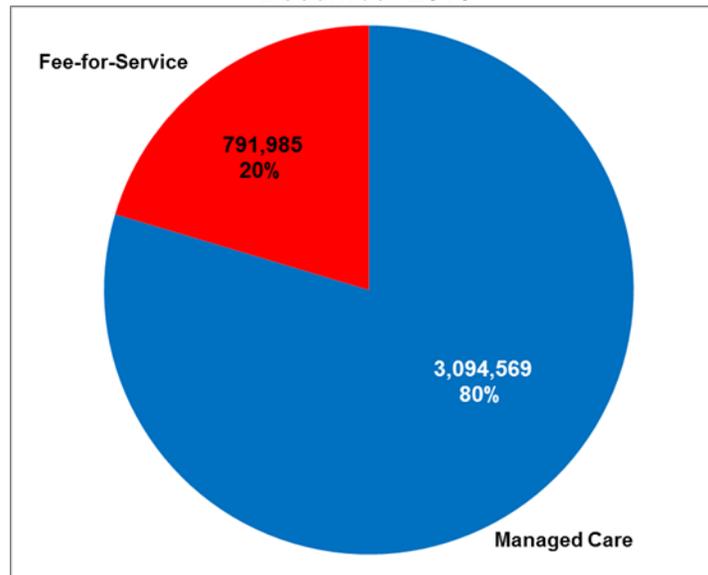
Source: Medicaid Enrollment Report, January 2016, Medicaid Data Analytics

Both the LTC and MMA programs include populations that are required to be enrolled in a managed care plan to receive services. The MMA program has populations that are not required to enroll in an MMA plan, but may choose to do so, as well as populations that are specifically excluded from enrolling in an MMA plan. The Florida Medicaid FFS population consists primarily of those individuals who are excluded from participating in MMA, and to a lesser extent, those who have voluntarily chosen not to enroll in an MMA plan. Recipients who are required to enroll in an MMA plan may also receive some services on a FFS basis after becoming Medicaid-eligible, but prior to their enrollment in a health plan. The different Medicaid populations are described in greater detail below.

Florida Medicaid's Managed Care Populations

Medicaid Long-term Care Populations
The Medicaid 1915(b)(c) Long-term Care Waiver program provides long-term care services and supports to eligible disabled individuals age 18-64 and elderly individuals age 65 or older. Recipients of the LTC program receive their services through competitively procured managed care organizations.

The following Medicaid recipients are eligible to receive LTC services:

- Those who are 65 years of age or older AND need nursing facility level of care;
- Those who are 18 years of age or older AND are eligible for Medicaid by reason of disability AND need nursing facility level of care;

Recipients enrolled in the LTC program are required to enroll in a LTC health plan to receive their services.

Medicaid MMA Populations

There are three populations of recipients in the MMA program:

- Those that are required to be enrolled in Florida's Managed Medical Assistance (MMA) program ("Mandatory"), which includes most of the Florida Medicaid recipient population;
- Those that are voluntarily eligible for MMA ("Voluntary") and can choose to participate in a health plan or receive services on a FFS basis; and,
- Those that are excluded from MMA ("Excluded").

The following individuals are included in the Voluntary population. They are not required to enroll in the MMA program although they may enroll if they choose to do so:

- Medicaid recipients who have other creditable health care coverage, excluding Medicare (TPL);
- Persons eligible for refugee assistance (Refugees);
- Medicaid recipients who are residents of a developmental disability center (ICF/DD);
- Medicaid recipients enrolled in the developmental disabilities home and community based services waiver or Medicaid recipients waiting for waiver services (Waiver);
- Children receiving services in a prescribed pediatric extended care center (PPEC); and,
- Medicaid recipients residing in a group home facility licensed under chapter 393.

The following are the populations Excluded from participation in the MMA program who may not enroll in a MMA health plan.:

- Women who are eligible only for family planning services;
- Women who are eligible through the breast and cervical cancer services program;
- Persons who are eligible for emergency Medicaid for aliens;
- Dual eligible recipients whose Medicaid benefits are limited (partial duals) Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries, Qualifying Individuals; and,
- Persons who are eligible for the Medically Needy program

All Florida Medicaid recipients not in the Voluntary or Excluded population are required ("Mandatory") to enroll in an MMA health plan for their services.

Florida Medicaid's FFS Population

As stated above, Florida's FFS population is comprised of Mandatory, Voluntary, and Excluded MMA populations. Recipients who are Mandatory for MMA, however, are only in FFS temporarily (usually only a single day) until they are enrolled in their health plan ("Newly Enrolled Mandatory"). The latter two categories, including the Voluntary population, recipients that are eligible to participate in the MMA program and who choose not to, and the Excluded population, those that are not eligible to participate, make up the majority of the limited set of FFS recipients.

As of December 31, 2015, Florida had 791,985 recipients participating in Medicaid FFS. This FFS population included 465,960 recipients in the Excluded population, 201,987 recipients in the Newly Enrolled Mandatory population (but who had yet to be enrolled in a health plan), and 124,038 Voluntary recipients. In December 2015, approximately 20 percent of Florida's Medicaid population on any given day received services on a FFS basis. It should be noted that this percentage declined with the implementation of Express Enrollment in January of 2016. Further information on the Express Enrollment program follows Table 3 and Figure 4 below.

Table 3 – Florida Medicaid Fee-for-Service by Enrollment Status
As of December 31, 2015

Enrollment Status	Enrollees	% of FFS Total
Excluded	465,960	58.8%
Newly Enrolled Mandatory	201,987	25.5%
Voluntary	124,038	15.7%
Total in FFS	**791,985**	**100%**

Source: Medicaid Enrollment Report, January 2016, Medicaid Data Analytics

Figure 4 – Florida Medicaid Fee-for-Service Recipients by Enrollment Status
Prior to Express Enrollment, As of January 31, December 2015
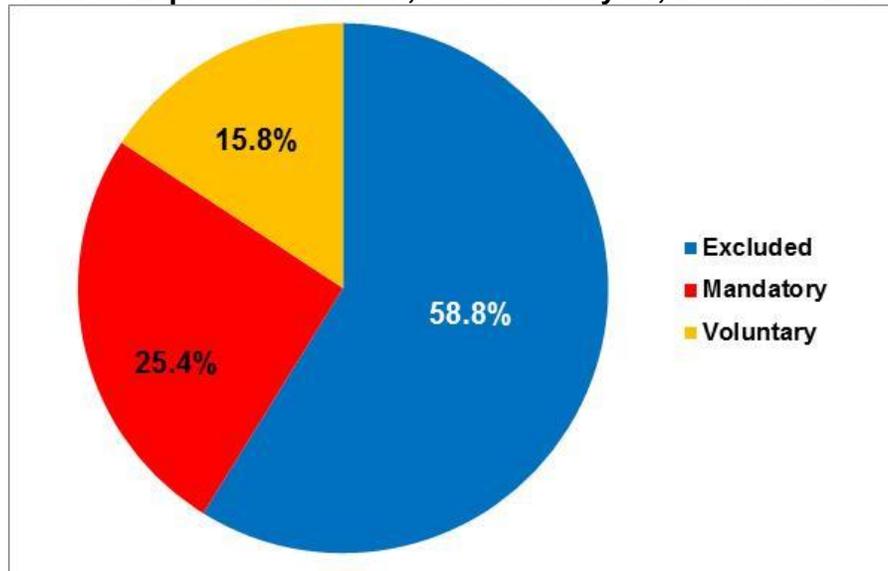
Changes to FFS in 2016

The number of recipients in FFS in the Newly Enrolled Mandatory category declined with the implementation of Express Enrollment in January of 2016. Express Enrollment provides recipients the opportunity to make a health plan choice when they apply for Medicaid eligibility, and those who are Mandatory to participate in the MMA program *are enrolled into a health plan immediately after eligibility determination*. Prior to Express Enrollment, newly enrolled Medicaid recipients were required to wait 30 to 60 days before they could enroll in a health plan and access program enhancements. Through Express Enrollment, health plan enrollment is effective the same day the individual's Medicaid application is approved allowing new enrollees to immediately take advantage of robust provider network access standards and expanded benefits offered by health plans.

After implementation of Express Enrollment, the percentage of Florida's Medicaid population receiving services on a FFS basis dropped to just over 18 percent, and the Newly Enrolled Mandatory category decreased significantly (Table 4 and Figure 5). The effect of this is that almost all FFS claims Florida Medicaid pays for this Newly Enrolled Mandatory population are retroactive. For example, a person applies for Medicaid on November 15. On November 18, they are determined eligible retroactive to November 15. They are enrolled in their Medicaid health plan on November 18, the date of their eligibility determination. Only health care claims on November 15, 16, and 17 will be FFS – all claims from November 18 on will be managed care claims.

**Table 4 – Florida Medicaid Fee-for-Service by Enrollment Status
After Express Enrollment, as of June 30, 2016**

Enrollment Status	Enrollees	% of FFS Total
Excluded	478,878	67%
Newly Enrolled Mandatory	131,472	18%
Voluntary	102,282	14%
Total	712,632	100%

Source: Medicaid Enrollment Report, July 2016, Medicaid Data Analytics

**Figure 5 – Florida Medicaid Fee-for-Service Recipients by Enrollment Status
After Express Enrollment, as of June 30, 2016**
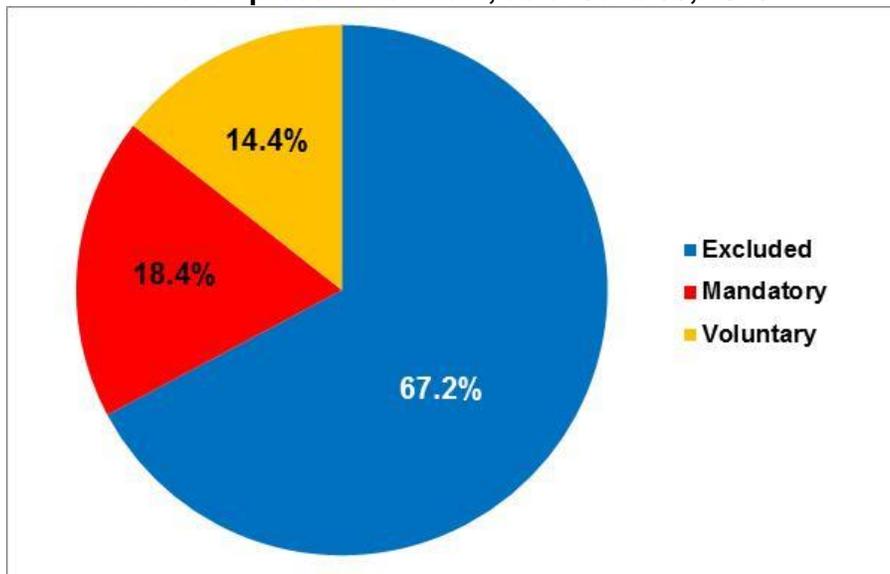
Florida's Medicaid Fee-for-Service Population Program Categories

The three primary categories of FFS recipients (Mandatory, Voluntary and Excluded) can be further subdivided into groups based on their eligibility for services. For the purposes of this report, we have further subdivided the FFS population in five primary eligibility groups including:

Group	Description	Enrollment Status
(1)	*Newly Enrolled Mandatory* - The population that, just prior to enrollment in a managed care plan, has a brief fee-for-service time span in the program. The number in this category has been significantly reduced since January 2016 when Express Enrollment was implemented;	Mandatory for MMA
(2)	*Partial Duals* - The population who is Medicare eligible and who do not receive any health care services via the Medicaid program – Florida Medicaid only reimburses for Medicare co-pays, deductibles and premiums for this population.	Excluded from MMA
(3)	*Limited Benefit/Waiver* - a population with extremely limited benefits, or who receive a specialized set of services through a waiver. These include recipients in the Family Planning Waiver, Presumptively Eligible Pregnant Women, and women in the Breast and Cervical Cancer Program.	Excluded from MMA
(4)	*Medically Needy* - Individuals who must meet "share of cost" requirements before becoming Medicaid eligible. Eligibility is often determined retroactively (e.g., to cover the cost of a hospital stay).	Excluded from MMA
(5)	*Voluntary* - A small population of persons who are able to enroll in managed care plans, but have chosen not to.	Voluntary for MMA

Newly Enrolled Mandatory for Participation in MMA

Table 5 shows the population total for the Newly Enrolled Mandatory group, which includes the newly eligible recipients who are only in FFS for a short time "awaiting" enrollment in a health plan. Further, under the terms of the Express Enrollment provisions of Florida's managed care waiver, which were implemented in January of 2016, Medicaid eligibles in Florida now enroll in managed care plans immediately after they are determined eligible for Medicaid – essentially on the same day or the following day as their Medicaid eligibility activation. The determination itself, however, can often be retroactive. Thus, while managed care plans handle all covered services going forward, Florida pays any health care claims from the retroactive eligibility period on a fee-for-service basis

Table 5 – Florida Medicaid Newly Enrolled Mandatory Recipients
As of December 31, 2015

Eligibility Category	Enrollees
Newly Enrolled Mandatory	201,987
Total	201,987

Excluded from MMA

Table 6 shows the distribution of the Excluded population. The Excluded group is the FFS population that is prohibited from participating in MMA. The Excluded group includes more than 400,000 "partial duals" who do not receive any health care services via the Medicaid program (Qualified Medicare Beneficiaries (QMB), Qualified Medicare Beneficiaries Part B Medicare Only (QI1), and Special (Specified) Low-Income Medicare Beneficiaries (SLMB)). Florida Medicaid only reimburses for co-pays, deductibles, co-insurance, and premiums for this population. The remainder of the Excluded group includes recipients enrolled in the Family Planning Waiver, Medically Needy program, Presumptively Eligible Pregnant Women (who are enrolled in a plan if found to be Medicaid eligible after their initial pre-natal care), women eligible for the Breast and Cervical Cancer Services program, non-residents receiving care under the Federally required Emergency Medical Assistance for Aliens, and a small

group of SSI recipients, institutional care recipients and foster care/emergency care children (listed as Other in Table 6).

Table 6 – Florida Medicaid Excluded Recipients by Eligibility Category
As of December 31, 2015

Eligibility Category	Enrollees
Partial Duals	400,957
Family Planning	50,075
Medically Needy	9,441
Presumptively Eligible Pregnant Woman	4,661
Breast and Cervical Cancer	727
Emergency Medical Assistance Aliens/Other	99
Total	465,960

Voluntary for MMA

Table 7 illustrates the numbers of the Voluntary population who chose not to enroll in a MMA health plan and actively choose to receive their services from FFS Medicaid.

The two largest populations in the Voluntary group are those with third party liability (TPL) and those enrolled in the Developmental Disabilities Individual Budgeting (iBudget) Waiver. The more than 89,000 recipients in the third party liability (TPL) population have private health coverage and access the majority of their health care goods and services via the private coverage since Medicaid is, under federal law, the payer of last resort. The iBudget Waiver population of almost 26,000 are receiving services under a 1915(c) Home and Community-Based Services waiver.

The remainder of the Voluntary group includes refugees and those receiving services in an Intermediate Care Facility (ICF) or a Prescribed Pediatric Care Center (PPEC). Many refugees are eligible for short term Medicaid through a federal program overseen by the U.S. Department of Health and Human Services. They are able to get up to eight months of Medicaid through the program. The Individuals with Intellectual Disabilities receiving care through an ICF (ICF/IID) receive 24-hour personal care, habilitation, developmental, and supportive health services for the developmentally disabled whose primary need is for developmental services. PPEC recipients are under the age of 21 years with medically-complex conditions and receive medical and therapeutic care at a non-residential pediatric center.

Table 7 – Florida Medicaid, Voluntary for MMA Recipients by Eligibility Category
As of December 31, 2015

Eligibility Category	Enrollees
TPL Other Than Medicare	89,003
Developmental Disabilities Individual Budgeting (iBudget) Waiver	25,762
Refugees	6,205
Individuals with Intellectual Disabilities in ICFs (ICF/IID)	2,492
Prescribed Pediatric Care Center (PPEC)	576
Total	124,038

Populations shown in strikeout text are excluded from this reports reporting requirements.

Not all of the current FFS population is covered in this report. Several populations do not meet the report criteria or are omitted from reporting by federal rule. Additional detail on which populations are included is covered in Part 2.

PART 2 - Reporting on Florida's Medicaid Fee-for-Service Population

Florida's Ongoing Concerns Regarding the Access Monitoring Plan Report

Florida raised initial concerns with the requirements related to this report in a formal letter to CMS dated December 31, 2015. Florida reiterates its significant concerns regarding how the new access rule might apply to Florida Medicaid's FFS populations, to the FFS populations in other states with limited FFS populations, and raises further concerns regarding the administrative burdens associated with the rule relative to the extremely small size of our true fee-for-service population. Florida's small remaining fee-for-service population which could be subject to the new access rule will not benefit from the new rule or the reporting requirements, and CMS should strongly consider exempting Florida, and states like Florida, from the rule altogether.

As discussed in Part 1 of this report, the Medicaid population covered by the Final Access Rule with Comments is a very small subset of Florida Medicaid's total population. A majority (91.9 percent) of recipients are omitted by rule including 79.6 percent of the population who are covered by health plans under the Statewide Medicaid Managed Care program, 10.3 percent of the population who are "partial duals" and receive none of the services included in the Final Access Rule with Comments from the Medicaid program, and 1.9 percent who are enrolled in either the Family Planning 1115 Waiver program or the iBudget 1915(c) HCBS Waiver program.

Of the population that is still technically included under the Final Access Rule with Comments, there are an additional 7.97 percent of the Florida Medicaid population who should be omitted from the reporting requirements because rate changes and provider payments have little to no impact on their access to services.

- This is true for the MMA Mandatory population who are not enrolled in a health plan immediately upon Medicaid eligibility determination. With Express Enrollment, this population is reduced and the number of recipients that continue to experience a brief period of FFS enrollment will continue to shrink. Many in this population experience as little as one day of true FFS enrollment, with most of their FFS claims coming during *retroactive* eligibility spans.

- This is also true for two groups within the MMA Excluded population including the Medically Needy and Emergency Medical Assistance for Aliens populations. The Medically Needy population must incur health care costs in order to gain Medicaid eligibility and have therefore already accessed health services prior to Medicaid eligibility. Their eligibility is also time-limited and specifically designed to pay large, unexpected health care bills after they have already accessed the health care system. The Emergency Medicaid Assistance for Aliens (EMA) population are also only Medicaid-eligible for a time-limited period to cover a medical emergency and are required to be treated by the Emergency Medical Treatment and Labor Act (EMTALA). Rate changes and provider payments therefore would not impact access to services for the EMA population.

- Finally, the tiny MMA Voluntary population should be omitted from reporting requirements because they are eligible to enroll in Medicaid managed care plans but have chosen to remain in a Medicaid fee-for-service arrangement. These individuals can access the comprehensive managed care networks in Florida if they so choose, but have chosen not to, which demonstrates they are content with their access to providers.

Taken together, those omitted by the Final Access Rule with Comments and those whose access to care is not affected by provider payments, leaves less than 5,500 FFS recipients (or less than 0.14 percent) for whom the Access Monitoring Plan is potentially applicable. The new access rule creates a heavy administrative burden on Florida for a tiny population. It is possible that states with small voluntary populations, like Florida, will choose to make these populations mandatory for managed care rather than incur the heavy administrative burden and expense associated with the new access rule. This would deny voluntary populations their choice of fee-for-service – a choice these populations are clearly happy they made.

Any attempts to equate utilization rates, payment rates, or provider ratios to access for the small portion of the Florida FFS population covered by the Final Access Rule with Comments will result in skewed ratios and unhelpful program data. Again, the administrative burdens associated with a continued requirement to report under this rule could result in a curtailment of service options and provider choice in the FFS population.

Nevertheless, in an attempt to comply with the rule to the best of its ability, Florida offers the following for the October 2016 reporting period. Note that with the full implementation of managed care in August 2014, the Medicaid delivery system within the state has changed significantly. No data or analyses are included for any period prior to 2014 since those periods are obsolete and have no bearing on the current Medicaid program.

Populations Omitted, Included But Should Be Omitted, and Included in the AMRP

According to the clarification by CMS in the Final Access Rule with Comments, the AMRP applies only to the Medicaid FFS population, and only that population which is not enrolled in a managed care plan or enrolled in a federal waiver program. The following sections review the Florida Medicaid population and identify the Medicaid population program categories that are not subject to the requirements of the Final Access Rule with Comments and are thus omitted from the report cohort; those segments of the Florida Medicaid FFS population which are technically subject to the requirements of this report, but who *should be* omitted from the report cohort as state Medicaid programs are unable to impact access to services for these additional groups, and finally, those that are required by the Final Access Rule with Comments to be included in the report (report cohort) and who receive one or more of the services specified in the rule. Table 8 summarizes and illustrates the total counts for populations omitted by rule, those included by rule but who should be omitted, and those included by rule.

Table 8 – Florida Medicaid Population by Program Group Included, Omitted, and Should be Omitted from the Access Monitoring Plan Report

Medicaid Population[1],[2]	Total Population in Group	Omitted from Report Cohort by Rule	Included by Rule but Should be Omitted from Report Cohort	Included in Report Cohort by Rule[3]	Total Number Included in Report Cohort
Enrolled in MMA	**3,094,569**	X			**0**
Newly Enrolled Mandatory for MMA	**201,987**		X		**201,987**
FFS Excluded from MMA	**465,960**				**14,852**
-Partial Duals	*400,957*	X			*0*
-Family Planning	*50,075*	X			*0*
-Medically Needy	*9,441*		X		*9,441*
-Presumptively Eligible Pregnant Woman	*4,661*			X	*4,661*
-Breast and Cervical Cancer Program	*727*			X	*727*
-Emergency Medical Assistance Aliens/Other	*99*		X		*99*
FFS Voluntary for MMA	**124,038**				**98,276**
-TPL Other Than Medicare	*89,003*		X		*89,003*
-iBudget Waiver	*25,762*	X			*0*
-Refugees	*6,205*		X		*6,205*
-ICF/IID	*2,492*		X		*2,492*
-PPEC	*576*		X		*576*
Total	**3,886,554**	**3,571,363**	**309,803**	**5,388**	**315,115**
Percent of Total Medicaid Population included in report cohort					**8.10%**
Percent of Total Medicaid Population which should be included in report cohort (i.e., with Omitted by Rule and Should be Omitted excluded from total)					**0.14%**

1. LTC recipients are covered by a 1915 (b)(c) HCBS waiver program and receive services through managed care plans so population counts are not listed separately for LTC recipients in the above table.
2. Italicized populations are the component groups of the parent population shown above in bold. Enrollee totals are as of December 2015.
3. FFS population actually Impacted by rate changes and provider payments.

Medicaid Populations Omitted per Final Access Rule with Comments

LTC Recipients

The Medicaid 1915(b)(c) Long-term Care Waiver program provides long-term care services and supports to eligible disabled individuals age 18-64 and elderly individuals age 65 or older. Program recipients receive their services through competitively procured managed care organizations. Since this population is enrolled in managed care, it does not fall under the purview of this report according to the Final Access Rule with Comments, and therefore these individuals are omitted from the AMRP.

Mandatory for MMA Recipients Enrolled in a Health Plan

More than 3 million Medicaid recipients in Florida, more than 80 percent of the total Medicaid population, are enrolled in a MMA plan and receive all AMRP-related services through their health plan. Since this population is enrolled in managed care, it does not fall under the purview of this report according to the Final Access Rule with Comments, and therefore these individuals are omitted from the AMRP.

FFS Recipients Excluded from MMA

The Excluded population includes more than 400,000 "partial duals" who do not receive any health care services via the Medicaid program. Since this population does not receive any services designated in the Final Access Rule with Comments, it does not fall under the purview of this report

according to the Final Access Rule with Comments, and therefore these individuals are omitted from the AMRP.

The Excluded group also includes more than 50,000 recipients who are receiving services under the 1115 Demonstration Family Planning Waiver. Since this population is enrolled in a federal waiver program, it does not fall under the purview of this report according to the Final Access Rule with Comments, and therefore these individuals are omitted from the AMRP.

FFS Recipients Voluntary for MMA
The Voluntary population includes almost 26,000 individuals enrolled in the 1915(c) Home and Community-Based Services Developmental Disabilities Individual Budgeting (iBudget) Waiver. Since this population is enrolled in a federal waiver program, it does not fall under the purview of this report according to the Final Access Rule with Comments, and therefore these individuals are omitted from the AMRP.

Medicaid Populations Included per Final Access Rule with Comments Who Should be Omitted

Newly Eligible Mandatory for MMA Recipients in FFS
Individuals who are required to enroll in an MMA plan are briefly in FFS prior to plan enrollment and receive some services on a FFS basis. The Medicaid eligibility determination is often retroactive and Florida therefore pays any health care claims from the retroactive eligibility period on a fee-for-service basis. The managed care plans are responsible for all covered services after plan enrollment. With the implementation of Express Enrollment in January 2016, individuals who enroll in Medicaid and who are eligible for MMA are automatically enrolled in a health plan essentially on the same day or the following day as their Medicaid eligibility activation. Thus, recipients in this category are enrolled in the FFS program for perhaps one day and potentially less than one day. The retroactive portion of this population by definition accessed services prior to Medicaid eligibility and the health plan is responsible for all covered services following eligibility determination. Since access to services for this population cannot be affected by the Medicaid program and provider reimbursement and fee schedules do not impact availability of services for this population, it should not fall under the purview of this report according to the Final Access Rule with Comments, and therefore these individuals should be omitted from the AMRP.

FFS Recipients Excluded from MMA
The Medically Needy program in Florida exists as a safety net for certain persons who are above the income thresholds for eligibility in the current Medicaid program. Generally speaking, a person becomes eligible for the Medically Needy program in Florida when they incur a health care bill that, if paid, would put them below the income thresholds needed for Medicaid eligibility. Once they have established eligibility, Medically Needy individuals remain Medicaid eligible only for the rest of the month. They become eligible in a subsequent month only if they incur a health care bill in a subsequent month that, if paid, would once again place them below Medicaid's income thresholds. With respect to the access rule, the Medically Needy program becomes an awkward fit. By definition, in order to establish one's eligibility for the Medically Needy program, a person must have already accessed services and incurred a bill. Moreover, as a strictly time-limited, month-to-month safety net program, the Medically Needy population is generally only eligible for a few days or weeks in a month, and thus the program does not lend itself to care coordination, preventive services, and the like. Since access to care for this population cannot be affected by the Medicaid program and provider reimbursement and fee schedules do not impact availability of services for this population, it should not fall under the purview of this report, and therefore these individuals should be omitted from the AMRP.

FFS recipients who access Medicaid services through Emergency Medical Assistance Aliens are undocumented aliens who are only eligible for emergency services, typically at a hospital emergency department. They are not eligible for non-emergent physician visits, pharmacy services, hospital services, or the like, and they have clear access to emergency services under federal law (EMTALA) regardless of Medicaid's provider payment rates. Since access to care for this population cannot be affected by the Medicaid program and provider reimbursement and fee schedules do not impact availability of services for this population, it should not fall under the purview of this report, and therefore these individuals should be omitted from the AMRP.

FFS Recipients Voluntary for MMA

The Voluntary FFS population group, including Third Party Liability Other Than Medicare (TPL), Refugees, Individuals with Intellectual Disabilities in Intermediate Care Facilities (ICF/IID), and individuals receiving care in a Prescribed Pediatric Care Center (PPEC), can enroll in Medicaid managed care plans but has chosen to remain in a Medicaid FFS arrangement instead. The TPL population has private health coverage and receives their health care goods and services via the TPL coverage, as Medicaid is under federal law the payer of last resort. Since access to care for this population cannot be affected by the Medicaid program and provider reimbursement and fee schedules do not impact availability of services for this population, it should not fall under the purview of this report, and therefore these individuals should be omitted from the AMRP. With respect to the Refugee, ICF/IID, and PPEC populations, these individuals can access the comprehensive managed care networks in Florida if they so choose, but have chosen not to select a health plan. This choice indicates that they are satisfied with the access they are offered in the FFS system.

Medicaid Populations Appropriately Included per Final Access Rule with Comments

FFS Recipients Excluded from MMA

There are two population groups within the Excluded group who are appropriately included in the report cohort, Presumptively Eligible Pregnant Women and Women in the Breast and Cervical Cancer Program.

Presumptively Eligible Pregnant Women receive temporary Medicaid coverage for prenatal care for up to 45 days. Presumptive eligibility is limited to one eligibility span per pregnancy. Since this population receives one of the designated services on a FFS basis as specified in the Final Access Rule with Comments, it falls under the purview of this report according to the Final Access Rule with Comments, and therefore these individuals are appropriately included in the AMRP.

Women in the Breast and Cervical Cancer Program are screened and diagnosed with breast or cervical cancer through the Department of Health's Florida Breast and Cervical Cancer Early Detection Program. Women age 50 to 64, whose income is at or below 200 percent of the Federal Poverty Level are eligible for Medicaid and if eligible are entitled to all Medicaid services. Since this population is eligible for all of the designated services on a FFS basis as specified in the Final Access Rule with Comments, it falls under the purview of this report according to the Final Access Rule with Comments, and therefore these individuals are appropriately included in the AMRP.

Total Count of Medicaid Populations Included in the AMRP

As of December 31, 2015, there were 315,115 FFS recipients subject to the reporting requirements of the AMRP. This represents 8.1 percent of the total Medicaid population. However, of those subject to the reporting requirements of the AMRP, the Medicaid program is not the primary payer or has no

control over health care access for 309,727 of those recipients, therefore leaving 5,388 Medicaid recipients that should be subject to the reporting requirements of the AMRP. This equates to less than 0.14 percent of the total Florida Medicaid population. In order to ensure full compliance with the AMRP reporting requirements, Florida provides data in this report regarding the 315,115 recipients.

Note that due to the nature of the FFS population, many recipients are not enrolled for a full year and there is turnover from month to month. This means the total number of unique recipients in the Report Cohort during the year as shown in Part III appears higher than the 315,115 enrollees as of December 2015 reported in the prior paragraph. In other words, the 451,413 shown in the Report Cohort in Part III represents the number of recipients who were in the Report Cohort any time during calendar year 2015. The 315,115 shown in the Report Cohort in Part II represents the number of recipients who were in the Report Cohort during December 2015.

Access Monitoring Plan Methodology

Method of Analysis
According the Final Access Rule with Comments, that AMRP must include the following elements:
- A methodology to analyze access to care consistent with the Act using data and other available information (i.e., must have a quantitative component in addition to any qualitative data sources)
- A description of the data and information upon which the state relies to conclude whether access is sufficient
- A review of specific categories of services every three years including:
  - Primary Care Services;
  - Dental Care Services;
  - Clinical Care Services;
  - Specialist Care Services;
  - Behavioral Health Care Services;
  - Obstetrical Health Care Services; and,
  - Home Health Care Services.
- Updated data and analysis must be incorporated into the review plan every 3 years.

In order to evaluate access to care as defined in the Final Access Rule with Comments, Florida analyzed data for three major care components for each of the eight categories of services outlined in the rule, including provider availability, service utilization, and services costs. Each of the components is described in further detail in Table 9 including the specific measure, what it represents, and what information for analysis it provides.

Table 9 –Units of Analysis in AMRP

Measure	Description	Information Provided
Provider Availability		
Total Providers	Total number of unique providers who treated any member of population group included in the AMRP during the reporting period.	General indicator for availability of care.
Provider to User Ratio	Ratio of Total Providers to Access Report Cohort who had at least one service claim during the reporting period.	Indicator of availability of providers for members in the specific population of this report that actually sought services during the reporting period.
Provider to Recipient Ratio	Ratio of Total Providers to Total Access Report Cohort	Indicator for availability of care for the entire Access Report Cohort by region.
Utilization of Services		
Total Claims	Total number of unique claims by service type by region.	General indicator of service utilization.
Claims per User	Average number of claims per Access Report Cohort who had at least one service claim during the reporting period.	Indicator of utilization patterns for recipients receiving services.
Claims per Recipient	Average number of claims per Access Report Cohort	Indicator of utilization for the entire Access Report Cohort by region.
Cost of Care		
Total Paid	Total amount paid by service type by region.	Indicator of costs of care for a given service within a region.
Amount Paid Per Claim	Average amount paid per claim by service type by region.	Indicator of the relative expense for each claim by service type.
Amount Paid Per User	Average amount paid per user by service type by region.	Indicator of cost of care by service type for those recipients receiving services.

Data garnered for each unit of analysis can be used as a unit of comparison between regions and across time. Any significant changes or differences can signal areas of concern or direct additional analysis as needed.

Initial Reporting Period
According to the Final Access Rule with Comments, future AMRPs will cover a three year period. However, the Final Access Rule with Comments does not establish a reporting period for the initial report. Florida's initial AMRP includes the utilization and cost data for Medicaid FFS services during calendar year 2015. Due to the dramatic shift in the way care is provided in the Florida Medicaid program after the implementation of SMMC, coupled with the unique (compared to Medicaid as a

whole) requirements of the remaining FFS population, future results will not be comparable with any service-related data prior to 2015. The findings from this report will therefore represent the baseline for future analyses of access and utilization of services within the Medicaid FFS population. Once the baselines are established, future reports may be compared against the 2015 baseline to identify any shifts in access or availability of care in the Florida Medicaid program for the FFS population.

Important Note

Results included in this report cannot be interpreted in a meaningful way outside of comparative analysis to baseline data. Any attempts to equate utilization rates, payment rates, or provider ratios to access for this population other than for purely comparative analysis will result in skewed perceptions and is not indicative of access to care in the Florida Medicaid FFS population. Meaningful quantitative analysis is highly difficult because the applicable program populations are too small and unique. The administrative burdens associated with a continued requirement to report under this rule may result in future limitations on patient choice

AMRP Access Report Cohort Program Groups: Service Type Applicability and Data Availability

Table 10 shows the FFS populations that will be addressed in this access monitoring plan report, along with the relevant covered service categories for each population. Access to services for Medicaid recipients with other insurance (TPL other than Medicare) is dependent on the nature of the third-party coverage and Medicaid eligibility. The services provided to this group are included where they occur and no attempt has been made to differentiate them within the service categories.

Table 10 – Florida FFS Populations by Program and Service Eligibility, December 2015

FFS Programs	NEM	TPL	DD/ICF	EMNC	PEPW	PPEC	B&CC	Med Needy
Primary Care Services (including physician, FQHC, Clinic, Dental)	All	*	All	None	None	All	All	All
Physician specialist (for example, cardiology, urology, radiology)	All	*	All	None	None	All	All	All
Behavioral health services (mental health and substance abuse)	All	*	All	None	None	All	All	All
Pre- and post-natal obstetric services, including labor and delivery	All	*	All	Labor and delivery only**	Pre-natal only	All	All	All
Home health services	All	*	All	None	All	All	All	None

NEM – Newly Eligible Mandatory for MMA
TPL – Third Party Liability Other Than Medicare
    *Service eligibility and receipt are dependent on third party coverage as well as Medicaid eligibility
DD/ICF – Developmental Disabilities/Intermediate Care Facility
EMNC – Emergency Medical Care for Non-Citizens
    **Labor and delivery services are the only covered services applicable to this population. Hospitals are federally required to accept these patients and provider payment rates have no impact on services provided. However, the data are included in this report for completeness.
PEPW – Presumptively Eligible Pregnant Women
PPEC – Prescribed Pediatric Extended Care
B&CC – Women enrolled in the Breast and Cervical Cancer Services program
Med Needy – Medically Needy

Table 11 shows the data elements that are available to be used for analysis for each population group. Florida does not collect Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data on its FFS population.

Table 11 – Florida FFS Populations Data Availability by Reporting Element, December 2015

Data Source	NEM	TPL	DD/ICF	EMNC	PEPW	PPEC	B&CC	Med Needy
Eligibility Enrollment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Provider Availability	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Claims History/Payment Rates	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Patient Satisfaction Surveys								
CAHPS	No	No	No	No	No	No	No	No
Other	No	No	No	No	No	No	No	No
Access Concerns Raised by Beneficiaries								
Call Centers/MedTel Track[1]	Yes	Yes	Yes	No	No	Yes	Yes	Yes
Health Track[2]	Yes	Yes	Yes	No	No	Yes	Yes	Yes

1. *MedTel Track was a system for tracking provider-related phone calls. It was decommissioned in January 2016.*
2. *Health Track is used by Florida Medicaid to track recipient enrollment in health plans and track consumer complaint information. Originally related only to managed care, they system began recording FFS complaints in April 2015.*

Geographical Service Areas

Florida is divided into 11 geographic regions for providing Medicaid services. Managed care plans serve individual regions and provider networks are established using region-based criteria. The map on the following page shows the layout of the regions within the state.

Table 12 shows the number of FFS recipients in the Report Cohort enrolled at any time during 2015 by geographical region. Recipients are included in this count if their enrollment status was shown as FFS at any time during the calendar year while not enrolled in an 1115 or 1915(b)/(c) HCBS waiver, even if they may have enrolled in a health plan in a subsequent month. Note that due to the nature of the FFS population, many recipients are not enrolled for a full year and there is a great deal of turnover in the population. This means the total number of unique recipients in the Report Cohort during the year appears higher than the 315,115 enrollees as of December 2015 reported in Part II of the report.

Table 12 – Number of Unique FFS Recipients by Region Enrolled at Any Time During 2015

Region	Recipient Count
01	15,073
02	14,266
03	34,640
04	41,486
05	26,563
06	57,739
07	57,678
08	24,419
09	34,374
10	36,906
11	106,403
Total	449,547

Figure 6 – Florida Medicaid Region Map
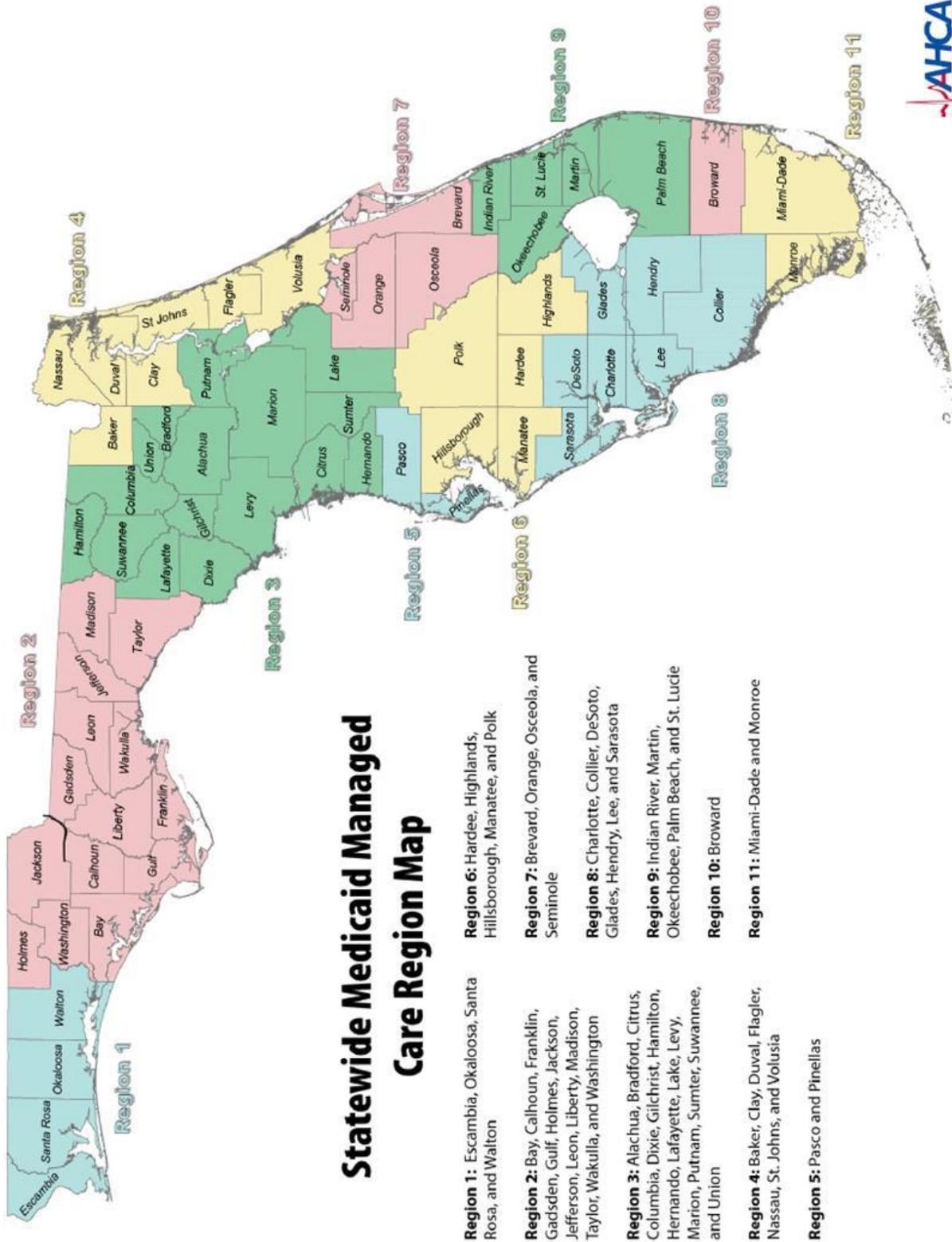
Statewide Medicaid Managed Care Region Map

Region 1: Escambia, Okaloosa, Santa Rosa, and Walton

Region 2: Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington

Region 3: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union

Region 4: Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia

Region 5: Pasco and Pinellas

Region 6: Hardee, Highlands, Hillsborough, Manatee, and Polk

Region 7: Brevard, Orange, Osceola, and Seminole

Region 8: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota

Region 9: Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie

Region 10: Broward

Region 11: Miami-Dade and Monroe

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Measuring Beneficiary Perceptions of Access to Care
Florida Medicaid does not administer the CAHPS survey to its FFS population. However, all complaints or requests for assistance to the Medicaid program are logged in a complaint tracking system known as HealthTrack. Originally established to track complaints in the SMMC program, HealthTrack was expanded to also cover FFS complaints in April 2015.

Florida reviewed HealthTrack information to identify any issues related to access to care. A total of 7,124 fee-for-service complaints were logged in HealthTrack for the time period of April 1, 2015, through March 31, 2016. "Fee-for-service" complaints are those which do not have active MMA or LTC Plan coverage, for the date(s) to which the complaint pertains. Of these 7,124, only 46 were found to specifically include a complaint where the complainant requested assistance in locating a doctor or specialist.

PART 3 – Access Review Findings

A complete list of provider and procedure codes used in the following analyses is available in Attachment 1.

The following are the utilization and cost data for Medicaid FFS services during calendar year 2015. Due to the dramatic shift in the way care is provided in the Medicaid program, and the unique (compared to Medicaid as a whole) requirements of the FFS population, these data will represent the baseline for future analyses of access and utilization of services within the Medicaid FFS population.

Note, however, that results shown here cannot be interpreted in a meaningful way. Any attempts to equate utilization rates, payment rates, or provider ratios to access for this population will result in skewed perceptions and is not indicative of access to care in the Florida Medicaid FFS population. No meaningful quantitative analysis is possible because the applicable program populations are small and unique. The administrative burdens associated with a continued requirement to report under this rule may result in future limitations on patient choice.

The provider counts shown in the following tables include only a subset of all Medicaid providers. Providers are only included in the Provider Count if they had at least one paid claim for a covered service to a recipient in the Report Cohort during calendar year 2015. The provider counts presented therefore represent only the active providers who billed for services for a recipient included the report cohort. The number of providers *potentially* available to deliver services would in fact be higher than what is reported.

Recipient and user counts in all of the following sections include anyone in the Report Cohort who received at least one of the appropriate services (as described within each subsection) that was paid on a FFS basis at any time during calendar year 2015. This means recipients are included even if they subsequently enrolled in a health plan.

Also, Florida Medicaid requested assistance from the Florida Association of Health Plans (FAHP) in acquiring rate information from commercial health plans for comparative analysis with Florida Medicaid rates. Medicaid was unable to obtain these comparative rates, and was advised by FAHP:

> *"The rate information you are requesting is not in rating manuals submitted to OIR [Office of Insurance Regulation] by the commercial health plans. The information is highly proprietary and cannot be shared with third parties pursuant to the plans' contracts with providers. Additionally, AHCA does not have the requisite authority to obtain information from the commercial plans."*

Florida Medicaid does not therefore have any in-state rate resources with which to compare its FFS rates. Comparisons can be made between Medicare and Florida Medicaid fee schedules. Medicare rates are available online at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FeeScheduleGenInfo/index.html. Florida FFS fee schedules are available online at http://ahca.myflorida.com/medicaid/review/Promulgated.shtml.

Baseline Data for Primary Care Services

Note: Totals and averages in the following tables may not be directly comparable between tables due to rounding.

Availability of Primary Care Providers

During 2015, there were a total of 12,089 FFS primary care providers who treated Florida Medicaid FFS recipients included in the Report Cohort (Users). The total providers ranged from a low of 402 providers in Region 2, to a high of 2,021 providers in Region 11. The provider to user ratio, or the number of providers per recipient who received primary care services is approximately 1 to 3.7 statewide. The provider to recipient ratio, or the number of providers per unique recipient during 2015 was just under 1 to 37. Primary care provider information is shown in Table PC1.

Table PC1 – Active Primary Care Providers
by Region, Florida Medicaid FFS 2015

Region	Provider Count	Users	Provider/ User Ratio	Provider/ Recipient Ratio
01	473	1,777	3.76	31.87
02	402	1,654	4.11	35.49
03	1,034	3,696	3.57	33.50
04	1,324	4,810	3.63	31.33
05	940	2,966	3.16	28.26
06	1,543	6,021	3.90	37.42
07	1,519	5,686	3.74	37.97
08	888	2,660	3.00	27.50
09	964	3,878	4.02	35.66
10	981	3,930	4.01	37.62
11	2,021	8,023	3.97	52.65
Total	12,089	45,101	3.73	37.19

FFS Primary Care Service Utilization

Table PC2 shows average monthly primary care utilization by region during 2015. During any given month in calendar year 2015, 45,101 FFS recipients in the Report Cohort received primary care services throughout the state, averaging almost 75,000 total primary care claims. This equates to an average of just over 1.65 primary claims per recipient per month. Overall there were a total of 862,193 primary care claims throughout the state during the year.

Table PC2 – Average Number of Primary Care Claims, Recipients Receiving Primary Care Services (Users), and Average Primary Care Claims per User Per Month by Region, Florida Medicaid FFS 2015

Region	Claims/ Month	Users/ Month	Claims per User/Month
01	2,527	1,777	1.43
02	2,455	1,654	1.50
03	5,368	3,696	1.46
04	7,111	4,810	1.49
05	5,000	2,966	1.70
06	9,778	6,021	1.64
07	10,383	5,686	1.84
08	4,432	2,660	1.68
09	7,058	3,878	1.83
10	6,746	3,930	1.73
11	13,518	8,023	1.70
Statewide	74,376	45,101	1.65

FFS Primary Care Claims Costs

Table PC3 shows the total paid by region for primary care claims during calendar year 2015 as well as the total number of claims per region and amount paid per claim, and per recipient in the Report Cohort receiving primary care services during the year. There were just over 862,000 primary care claims during the year. Medicaid paid an average of $70.88 per claim and just under $113 per user per month for primary care services.

Table PC3 – Total Paid for Primary Care Claims, Total Number of Primary Care Claims, and Average Paid per Primary Care Claim and per User by Region, Florida Medicaid FFS 2015

Region	Total Claims Amount	Claim Count	Paid per Claim	Paid Per User/Month
01	$1,838,767	30,327	$60.63	$86.23
02	$1,720,261	29,464	$58.39	$86.67
03	$4,598,699	64,412	$71.40	$103.69
04	$5,801,164	85,337	$67.98	$100.51
05	$4,046,337	60,004	$67.43	$113.69
06	$7,974,873	117,335	$67.97	$110.38
07	$8,210,221	124,592	$65.90	$120.33
08	$4,137,410	53,186	$77.79	$129.62
09	$6,457,742	84,696	$76.25	$138.77
10	$6,491,663	80,950	$80.19	$137.65
11	$11,669,992	162,217	$71.94	$121.21
Statewide	$61,108,362	862,193	$70.88	$112.91

Baseline Data for Dental Care Services

> Note: Totals and averages in the following tables may not be directly comparable between tables or sum to 100 percent due to rounding.

Availability of Dental Care Providers

Table DEN1 shows the active dental providers by region during 2015. The total providers ranged from a low of 30 providers in Region 1, to a high of 183 providers in Region 11. The provider to user ratio, or the number of providers per recipient who received dental care services is approximately 1 to 3.6 statewide. The provider to recipient ratio, or the number of providers per unique recipient in the Report Cohort during 2015 was just over 1 to 408. Dental care provider information is shown in Table DEN1.

Table DEN1 – Active Dental Care Providers
by Region, Florida Medicaid FFS 2015

Region	Provider Count	Users	Provider/ User Ratio	Provider/ Recipient Ratio
01	30	153	4.75	502.43
02	44	343	7.21	324.23
03	85	369	3.77	407.53
04	144	603	3.38	288.10
05	55	292	4.73	482.96
06	117	530	3.95	493.50
07	166	530	2.94	347.46
08	63	275	4.22	387.60
09	101	345	3.12	340.34
10	114	317	2.50	323.74
11	183	494	1.75	581.44
Total	**1,102**	**4,251**	**3.6**	**407.94**

FFS Dental Care Service Utilization

Table DEN2 shows average monthly dental care utilization by region during 2015. During any given month in calendar year 2015, just under 3,700 FFS recipients in the Report Cohort received dental care services throughout the state, averaging approximately 4,250 total dental care claims. This equates to an average of just over 1.2 dental claims per recipient in the Report Cohort per month. Overall there were a total of 62,903 dental care claims throughout the state during the year.

Table DEN2 – Average Number of Dental Care Claims, Recipients Receiving Dental Care Services (Users), and Average Dental Care Claims per User Per Month by Region, Florida Medicaid FFS 2015

Region	Claims/ Month	Users/ Month	Claims per User/Month
01	183	153	1.19
02	403	343	1.17
03	448	369	1.21
04	749	603	1.24
05	350	292	1.20
06	630	530	1.19
07	650	530	1.23
08	354	275	1.29
09	427	345	1.24
10	385	317	1.21
11	664	494	1.34
Statewide	5,242	4,251	1.23

FFS Dental Care Claims Costs

Table DEN3 shows the total paid by region for dental care claims during calendar year 2015 as well as the total number of claims per region and amount paid per claim, and paid per recipient in the Report Cohort receiving dental care services during the year. There were just under 63,000 dental care claims during the year. Medicaid paid an average of $165.67 per claim and just over $204 per user per month for dental care services.

Table DEN3 – Total Paid for Dental Care Claims, Total Number of Dental Care Claims, and Average Paid per Dental Care Claim and per User by Region, Florida Medicaid FFS 2015

Region	Total Claims Amount	Claim Count	Paid per Claim	Paid Per User/Month
01	$341,021	2,193	$155.50	$185.42
02	$684,907	4,831	$141.77	$167.08
03	$896,907	5,380	$166.71	$201.80
04	$2,179,412	8,987	$242.51	$301.54
05	$644,249	4,197	$153.50	$180.38
06	$1,351,073	7,564	$178.62	$211.18
07	$1,200,362	7,801	$153.87	$188.30
08	$535,598	4,244	$126.20	$161.90
09	$785,033	5,121	$153.30	$187.81
10	$546,068	4,623	$118.12	$143.37
11	$1,256,214	7,962	$157.78	$213.46
Statewide	$10,420,844	62,903	$165.67	$204.28

Baseline Data for Clinical Care Services

Note: Totals and averages in the following tables may not be directly comparable between tables or sum to 100 percent due to rounding.

Availability of Clinical Care Providers

Table CC1 shows the active Federally Qualified Health Centers (FQHC) and Rural Health Clinic (RHC) providers by region in Florida during 2015. On average, these clinical care providers provided care to 10,476 recipients per month. The clinical care provider to user ratio was just under 1 to 25, while the ratio for all FFS recipients was one clinical care provider per 1,081 recipients.

Table CC1 – Active Clinical Care Providers
by Region, Florida Medicaid FFS 2015

Region	Provider Count	Users	Provider/ User Ratio	Provider/ Recipient Ratio
01	22	365	16.59	685
02	38	428	11.26	375
03	94	1,559	16.59	369
04	17	248	14.59	2,440
05	16	507	31.69	1,660
06	74	2,276	30.76	780
07	35	1,264	36.11	1,648
08	46	1,667	36.24	531
09	22	967	43.95	1,562
10	5	20	4.00	7,381
11	47	1,176	25.02	2,264
Statewide	414	10,476	25.18	1,081

FFS Clinical Care Service Utilization

Table CC2 shows average monthly clinical care utilization by region during 2015. During any given month in calendar year 2015, almost 10,500 FFS recipients in the Report Cohort received clinical care services throughout the state, averaging almost 14,000 total clinical care claims. This equates to an average of just over 1.3 clinical claims per recipient per month. Overall there were a total of 165,794 clinical care claims throughout the state during the year for the Report Cohort.

Table CC2 – Average Number of Clinical Care Claims, Recipients Receiving Clinical Care Services (Users), and Average Clinical Care Claims per User Per Month by Region, Florida Medicaid FFS 2015

Region	Claims	Users	Claims per User/Month
01	444	365	1.22
02	507	428	1.18
03	2,037	1,559	1.31
04	314	248	1.27
05	646	507	1.27
06	3,055	2,276	1.34
07	1,599	1,264	1.27
08	2,266	1,667	1.36
09	1,317	967	1.36
10	23	20	1.15
11	1,609	1,176	1.37
Statewide	13,817	10,476	1.32

FFS Clinical Care Claims Costs

Table CC3 shows the total paid by region for clinical care claims during calendar year 2015 as well as the total number of claims per region and amount paid per claim, and per recipient receiving clinical care services during the year. There were just under 166,000 clinical care claims during the year. Medicaid paid an average of $118.14 per claim and just under $156 per user per for clinical care services.

Table CC3 – Total Paid for Clinical Care Claims, Total Number of Clinical Care Claims, and Average Paid per Clinical Care Claim and per User by Region, Florida Medicaid FFS 2015

Region	Total Claims Amount	Claim Count	Paid per Claim	Paid Per User/Month
01	$514,539	5,333	$98.19	$117.47
02	$570,861	6,080	$94.17	$111.15
03	$2,246,074	24,441	$91.43	$120.06
04	$400,380	3,770	$106.40	$134.54
05	$936,856	7,748	$120.98	$153.99
06	$4,410,282	36,656	$120.51	$161.48
07	$2,488,063	19,193	$129.78	$164.03
08	$3,396,672	27,192	$125.00	$169.80
09	$1,974,958	15,802	$124.98	$170.20
10	$39,082	274	$142.79	$162.84
11	$2,618,849	19,305	$135.59	$185.58
Statewide	$19,596,614	165,794	$118.14	$155.88

Baseline Data for Specialist Care Services

Note: Totals and averages in the following tables may not be directly comparable between tables or sum to 100 percent due to rounding.

Availability of Specialist Care Providers

Table SP1 shows the active specialist care providers by region in Florida during 2015. On average, these specialist care providers provided care to 26,317 recipients per month. The specialist care provider to user ratio was just under 1 to 2.25, while the ratio for all FFS recipients in the Report Cohort was one clinical care provider per 32 recipients.

Table SP1 – Active Specialist Care Providers
by Region, Florida Medicaid FFS 2015

Region	Provider Count	Users	Provider/ User Ratio	Provider/ Recipient Ratio
01	543	1,236	2.28	27.76
02	430	1,377	3.20	33.18
03	1,369	2,516	1.84	25.30
04	1,601	2,754	1.72	25.91
05	1,052	2,086	1.98	25.25
06	1,754	4,059	2.31	32.92
07	1,593	3,624	2.27	36.21
08	948	1,936	2.04	25.76
09	1,059	2,397	2.26	32.46
10	1,306	2,871	2.20	28.26
11	2,305	7,074	3.07	46.16
Statewide	14,065	31,988	2.27	32.09

FFS Specialist Care Service Utilization

Table SP2 shows average monthly specialist care utilization by region during 2015. During any given month in calendar year 2015, an average of 31,930 FFS recipients in the Report Cohort received specialist care services throughout the state, averaging just over 63,000 total specialist care claims. This equates to an average of slightly less than two specialist care claims per recipient per month. Overall there were a total of 757,095 specialist care claims throughout the state during the year for FFS recipients.

Table SP2 – Average Number of Specialist Care Claims, Recipients Receiving Specialist Care Services (Users), and Average Specialist Care Claims per User Per Month by Region, Florida Medicaid FFS 2015

Region	Claims	Users	Claims per User/Month
01	2,457	1,236	1.99
02	2,225	1,377	1.62
03	5,199	2,516	2.07
04	5,527	2,754	2.01
05	4,607	2,086	2.21
06	7,562	4,059	1.86
07	7,982	3,624	2.20
08	4,011	1,936	2.07
09	4,940	2,397	2.06
10	5,439	2,871	1.89
11	13,141	7,074	1.86
Statewide	63,090	31,930	1.98

FFS Specialist Care Claims Costs

Table SP3 shows the total paid by region for specialist care claims during calendar year 2015 as well as the total number of claims per region and amount paid per claim, and per recipient in the Report Cohort receiving specialist care services during the year. There were almost 760,000 specialist care claims during the year. Medicaid paid an average of $96.88 per claim and just over $191 per user per month for specialist care services.

Table SP3 – Total Paid for Specialist Care Claims, Total Number of Specialist Care Claims, and Average Paid per Specialist Care Claim and per User by Region, Florida Medicaid FFS 2015

Region	Total Claims Amount	Claim Count	Paid per Claim	Paid Per User/Month
01	$2,678,572	29,484	$90.85	$180.59
02	$2,208,531	26,703	$82.71	$133.66
03	$6,334,437	62,384	$101.54	$209.81
04	$5,391,003	66,324	$81.28	$163.13
05	$5,162,241	55,283	$93.38	$206.23
06	$8,506,805	90,749	$93.74	$174.65
07	$9,084,042	95,789	$94.83	$208.89
08	$4,815,149	48,129	$100.05	$207.26
09	$5,983,204	59,285	$100.92	$208.01
10	$6,305,805	65,270	$96.61	$183.03
11	$16,878,300	157,695	$107.03	$198.83
Statewide	$73,348,089	757,095	$96.88	$191.43

Baseline Data for Behavioral Health Care Services

> Note: Totals and averages in the following tables may not be directly comparable between tables or sum to 100 percent due to rounding.

Availability of Behavioral Health Care Providers

Table BH1 shows the active behavioral health care providers by region in Florida during 2015. On average, these behavioral health care providers provided care to 8,359 recipients per month. The behavioral health care provider to user ratio was 1 to 3.73, while the ratio for all FFS recipients in the Report Cohort was approximately one behavioral health care provider per 200 recipients.

Table BH1 – Active Behavioral Health Care Providers
by Region, Florida Medicaid FFS 2015

Region	Provider Count	Users	Provider/ User Ratio	Provider/ Recipient Ratio
01	108	336	3.11	139.56
02	131	292	2.23	108.90
03	202	412	2.04	171.49
04	246	629	2.56	168.64
05	196	561	2.86	135.53
06	237	863	3.64	243.62
07	293	1,128	3.85	196.85
08	157	379	2.41	155.54
09	171	438	2.56	201.02
10	152	635	4.17	242.80
11	349	2,686	7.70	304.88
Statewide	**2,242**	**8,359**	**3.73**	**200.51**

FFS Behavioral Health Care Service Utilization

Table BH2 shows average monthly behavioral health care utilization by region during 2015. During any given month in calendar year 2015, an average of 8,359 FFS recipients in the Report Cohort received behavioral health care services throughout the state, averaging 22,046 total behavioral health care claims. This equates to an average of 2.64 behavioral health care claims per user in the Report Cohort per month. Overall there were a total of 264,546 behavioral health care claims throughout the state during the year for FFS recipients.

Table BH2 – Average Number of Behavioral Health Care Claims, Recipients Receiving Behavioral Health Care Services (Users), and Average Behavioral Health Care Claims per User Per Month by Region, Florida Medicaid FFS 2015

Region	Claims	Users	Claims per User/Month
01	620	336	1.85
02	466	292	1.60
03	728	412	1.77
04	1,735	629	2.76
05	1,131	561	2.02
06	1,569	863	1.82
07	2,952	1,128	2.62
08	720	379	1.90
09	824	438	1.88
10	1,732	635	2.73
11	9,569	2,686	3.56
Statewide	22,046	8,359	2.64

FFS Behavioral Health Care Claims Costs

Table BH3 shows the total paid by region for behavioral health care claims during calendar year 2015 as well as the total number of claims per region and amount paid per claim, and per recipient in the Report Cohort receiving behavioral health care services during the year. There were just under 265,000 behavioral health care claims during the year. Medicaid paid an average of $101.11 per claim and just over $290 per user per month for behavioral health care services.

Table BH3 – Total Paid for Behavioral Health Care Claims, Total Number of Behavioral Health Care Claims, and Average Paid per Behavioral Health Care Claim and per User by Region, Florida Medicaid FFS 2015

Region	Total Claims Amount	Claim Count	Paid per Claim	Paid Per User/Month
01	$530,019	7,440	$71.24	$131.45
02	$610,351	5,593	$109.13	$174.19
03	$626,626	8,732	$71.76	$126.74
04	$2,075,804	20,825	$99.68	$275.01
05	$1,300,240	13,569	$95.82	$193.14
06	$1,827,348	18,824	$97.08	$176.45
07	$3,532,377	35,426	$99.71	$260.96
08	$1,287,995	8,642	$149.04	$283.20
09	$1,336,889	9,882	$135.29	$254.35
10	$2,106,138	20,780	$101.35	$276.40
11	$13,896,541	114,833	$121.02	$431.14
Statewide	$29,130,328	264,546	$110.11	$290.41

Baseline Data for Obstetrical Health Care Services

> Note: Totals and averages in the following tables may not be directly comparable between tables or sum to 100 percent due to rounding.

Availability of Obstetrical Health Care Providers

Table OB1 shows the active obstetrical health care providers by region in Florida during 2015. On average, these obstetrical health care providers provided care to 10,374 recipients in the Report Cohort per month. The obstetrical health care provider to user ratio was 1 to 7.3, while the ratio for all FFS recipients in the Report Cohort was slightly less than one obstetrical health care provider per 316 recipients.

Table OB1 – Active Obstetrical Health Care Providers
by Region, Florida Medicaid FFS 2015

Region	Provider Count	Users	Provider/ User Ratio	Provider/ Recipient Ratio
01	59	517	8.76	255.47
02	46	375	8.15	310.13
03	104	655	6.30	333.08
04	145	746	5.14	286.11
05	93	414	4.45	285.62
06	187	1,206	6.45	308.76
07	185	1,193	6.45	311.77
08	103	887	8.61	237.08
09	150	1,433	9.55	229.16
10	159	926	5.82	232.11
11	190	2,022	10.64	560.02
Statewide	1,421	10,374	7.30	316.36

FFS Obstetrical Health Care Service Utilization

Table OB2 shows average monthly obstetrical health care utilization by region during 2015. During any given month in calendar year 2015, an average of 10,374 FFS recipients in the Report Cohort received obstetrical health care services throughout the state, averaging 15,349 total obstetrical health care claims. This equates to an average of slightly less than 1.5 obstetrical health care claims per recipient per month. Overall there were a total of 184,183 obstetrical health care claims throughout the state during the year for FFS recipients.

Table OB2 – Average Number of Obstetrical Health Care Claims, Recipients Receiving Obstetrical Health Care Services (Users), and Average Obstetrical Health Care Claims per User Per Month by Region, Florida Medicaid FFS 2015

Region	Claims	Users	Claims/ User
01	786	517	1.52
02	519	375	1.38
03	923	655	1.41
04	1,087	746	1.46
05	572	414	1.38
06	1,690	1,206	1.40
07	1,724	1,193	1.45
08	1,253	887	1.41
09	2,349	1,433	1.64
10	1,285	926	1.39
11	3,161	2,022	1.56
Statewide	15,349	10,374	1.48

FFS Obstetrical Health Care Claims Costs

Table OB3 shows the total paid by region for obstetrical health care claims during calendar year 2015 as well as the total number of claims per region, amount paid per claim, and amount paid per month per recipient in the Report Cohort receiving obstetrical health care services during the year. There were 184,183 obstetrical health care claims during the year. Medicaid paid an average of $162.21 per claim and $240 per user per month for obstetrical health care services.

Table OB3 – Total Paid for Obstetrical Health Care Claims, Total Number of Obstetrical Health Care Claims, and Average Paid per Obstetrical Health Care Claim and per User by Region, Florida Medicaid FFS 2015

Region	Total Claims Amount	Claim Count	Paid per Claim	Paid Per User/Month
01	$1,115,645	9,435	$118.25	$179.83
02	$778,510	6,229	$124.98	$173.00
03	$1,653,398	11,070	$149.36	$210.36
04	$1,923,891	13,049	$147.44	$214.91
05	$964,686	6,861	$140.60	$194.18
06	$3,662,052	20,274	$180.63	$253.04
07	$3,568,094	20,691	$172.45	$249.24
08	$2,578,299	15,041	$171.42	$242.23
09	$4,836,246	28,184	$171.60	$281.24
10	$2,386,866	15,420	$154.79	$214.80
11	$6,409,038	37,929	$168.97	$264.14
Statewide	$29,876,725	184,183	$162.21	$240.00

Baseline Data for Home Health Care Services

Note: Totals and averages in the following tables may not be directly comparable between tables or sum to 100 percent due to rounding.

Availability of Home Health Care Providers

Table HH1 shows the active home health care providers by region in Florida during 2015. On average, these home health care providers provided care to 1,218 recipients in the Report Cohort per month. The home health care provider to user ratio was just over 1 to 3, while the ratio for all FFS recipients in the Report Cohort was slightly more than one home health care provider per 1,100 recipients.

Table HH1 – Active Home Health Care Providers
by Region, Florida Medicaid FFS 2015

Region	Provider Count	Users	Provider/ User Ratio	Provider/ Recipient Ratio
01	4	18	4.50	3,768.25
02	4	9	2.25	3,566.50
03	8	10	1.25	4,330.00
04	20	25	1.25	2,074.30
05	4	7	1.75	6,640.75
06	8	14	1.75	7,217.38
07	31	60	1.94	1,860.58
08	24	15	0.63	1,017.46
09	8	30	3.75	4,296.75
10	33	46	1.39	1,118.36
11	278	984	3.54	382.74
Statewide	422	1,218	2.89	1,065.28

FFS Home Health Care Service Utilization

Table HH2 shows average monthly home health care utilization by region during 2015. During any given month in calendar year 2015, an average of 1,218 FFS recipients in the Report Cohort received home health care services throughout the state, averaging 3.075 total home health care claims. This equates to an average of slightly more than 2.5 home health care claims per recipient per month. Overall there were a total of 36,895 home health care claims throughout the state during the year for FFS recipients in the Report Cohort.

Table HH2 – Average Number of Home Health Care Claims, Recipients Receiving Home Health Care Services (Users), and Average Home Health Care Claims per User Per Month by Region, Florida Medicaid FFS 2015

Region	Claims	Users	Claims per User/Month
01	57	18	3.17
02	34	9	3.79
03	30	10	3.00
04	113	25	4.50
05	24	7	3.40
06	47	14	3.35
07	188	60	3.13
08	48	15	3.23
09	86	30	2.86
10	143	46	3.11
11	2,305	984	2.34
Statewide	3,075	1,218	2.52

FFS Home Health Care Claims Costs
Table HH3 shows the total paid by region for home health care claims during calendar year 2015 as well as the total number of claims per region and amount paid per claim, and per recipient receiving home health care services during the year. There were just over 183,000 home health care claims during the year. Medicaid paid an average of $584.86 per claim and just under $1,480 per user per month for home health care services.

Table HH3 – Total Paid for Home Health Care Claims, Total Number of Home Health Care Claims, and Average Paid per Home Health Care Claim and per User by Region, Florida Medicaid FFS 2015

Region	Total Claims Amount	Claim Count	Paid per Claim	Paid Per User/Month
01	$600,135	684	$877.39	$2,778.40
02	$509,978	409	$1,246.89	$4,722.02
03	$347,044	360	$964.01	$2,892.04
04	$1,115,294	1,351	$825.53	$3,717.65
05	$356,294	286	$1,245.78	$4,241.59
06	$723,722	563	$1,285.47	$4,307.87
07	$3,596,416	2,257	$1,593.45	$4,995.02
08	$318,096	581	$547.50	$1,767.20
09	$1,230,599	1,030	$1,194.76	$3,418.33
10	$1,858,337	1,715	$1,083.58	$3,366.55
11	$10,922,376	27,659	$394.89	$925.00
Statewide	$21,578,291	36,895	$584.86	$1,476.35

Stakeholder Input and Public Comment

In accordance with the final clarification for the rule (CMS-2328-FC; Final Access Rule with Comments), the Agency provided opportunity for public and stakeholder input on the Access Monitoring Report Plan (AMRP) and worked in coordination with the Medical Care Advisory Committee (MCAC) to develop the final report.

The draft report was posted on the Agency's website: http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/federal_authorities/federal_waivers/AMRP_2016-08.shtml and the public comment period ran from August 22, 2016 through September 22, 2016. The Agency received no public comments or questions regarding the report.

The MCAC public meeting was held August 24, 2016. The public comment period and notification of the MCAC public meeting was posted in the Florida Administrative Register: https://www.flrules.org/Gateway/View_notice.asp?id=17896226.

At the MCAC public meeting, MCAC members watched a presentation by the Florida Medicaid Director and held a discussion and comment period relating to the report and its contents. The MCAC members supported the format and content of the draft report and agreed with the Agency's position that continued reporting under this rule for Florida's extremely small FFS population represented an unnecessary administrative burden on the state.

ATTACHMENT 1
Provider Types and Procedure Codes (ICD-9) Used in AMRP
Analysis by Service Type

Primary Care Services

Data Selection/Filter Elements:

Provider Type: 25/000, 25/009, 25/011, 25/012, 25/018, 25/035, 26/000, 26/009, 26/011, 26/012, 26/018, 26/035

Procedure Codes: 99201, 99201, 99202, 99203, 99204, 99205, 99211, 99211FP, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99224, 99225, 99226, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 99291, 99292, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99354, 99355, 99356, 99357, 99360, 99381, 99382, 99383, 99384, 99384FP, 99385, 99385EP, 99386, 99387, 99391, 99392, 99393, 99394, 99394FP, 99395, 99395EP, 99396, 99397, 99401, 99402, 99403FP, 99406, 99407, 99460, 99461, 99462, 99463, 99464, 99465, 99468, 99469, 99471, 99472, 99475, 99476, 99477, 99478, 99479, 99480, 99490

Dental Services

Data Selection/Filter Elements:

Provider Type: 35

Procedure Codes: D0120, D0140, D0150, D0210, D0220, D0230, D0240, D0250, D0260, D0270, D0272, D0274, D0290, D0321, D0330, D0340, D0350, D0470, D1110, D1120, D1204, D1206, D1208, D1330, D1351, D1510, D1515, D1550, D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2710, D2721, D2740, D2751, D2920, D2930, D2931, D2932, D2933, D2940, D2950, D2951, D2954, D3110, D3120, D3220, D3221, D3222, D3230, D3240, D3310, D3320, D3330, D3331, D3333, D3351, D3352, D3353, D3410, D3430, D4210, D4211, D4240, D4241, D4260, D4261, D4341, D4342, D4355, D5110, D5120, D5211, D5212, D5213, D5214, D5410, D5411, D5421, D5422, D5510, D5520, D5610, D5620, D5630, D5640, D5650, D5660, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5820, D5899, D6985, D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7280, D7283, D7310, D7320, D7510, D7520, D7880, D7970, D7999, D8070, D8090, D8210, D8220, D8660, D8670, D8692, D8999, D9110, D9220, D9221, D9230, D9241, D9242, D9248, D9310, D9920, D9999

Clinical Services (FQHC/RHC Providers)

Data Selection/Filter Elements:

Provider Type: 66, 68

Procedure Codes: 99385, 99386, 99387, 99395, 99396, 99397, 99203, 98940, 98941, 98942, 99381, 99382, 99383, 99384, 99385EP, 99391, 99392, 99393, 99394, 99395EP, D0150, D0120, D5211, D5212, D5213, D5214, D5820, 99383FP, 99384FP, 99385FP, 99386FP, 99393FP, 99394FP, 99395FP, 99396FP, 99403FP, 99211FP, 99401, 99402, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99306, H1000, 59430, H0004, 90471, 90472, 90473, 90474, 90632, 90649HA, 90656HA, 90658HA, 90660, 90704HA, 90705HA, 90706HA, 90707HA, 90708HA, 90714HA, 90715HA, 90716HA, 90718HA, 90732HA, 90733, 90734HA, 90746, 90749

Specialist Services

Data Selection/Filter Elements:

Provider Type: 25/001, 25/002, 25/003, 25/004, 25/005, 25/006, 25/008, 25/010, 25/GE, 25/013, 25/014, 25/015, 25/016, 25/017, 25/019, 25/020, 25/021, 25/022, 25/023, 25/024, 25/029, 25/030, 25/031, 25/036, 25/037, 25/038, 25/039, 25/042, 25/043, 25/044, 25/046, 25/051, 25/052, 25/053, 25/054, 25/055, 25/056, 25/057, 25/058, 25/059, 25/060, 25/061, 25/062, 25/063, 26/001, 26/002, 26/003, 26/004, 26/005, 26/006, 26/008, 26/010, 26/GE, 26/013, 26/014, 26/015, 26/016, 26/017, 26/019, 26/020, 26/021, 26/022, 26/023, 26/024, 26/029, 26/030, 26/031, 26/036, 26/037, 26/038, 26/039, 26/042, 26/043, 26/044, 26/046, 26/051, 26/052, 26/053, 26/054, 26/055, 26/056, 26/057, 26/058, 26/059, 26/060, 26/061, 26/062, 26/063, 29/001, 29/002, 29/003, 29/004, 29/005, 29/006, 29/008, 29/010, 29/GE, 29/013, 29/014, 29/015, 29/016, 29/017, 29/019, 29/020, 29/021, 29/022, 29/023, 29/024, 29/029, 29/030, 29/031, 29/036, 29/037, 29/038, 29/039, 29/042, 29/043, 29/044, 29/046, 29/051, 29/052, 29/053, 29/054, 29/055, 29/056, 29/057, 29/058, 29/059, 29/060, 29/061, 29/062, 29/063, 30/001, 30/002, 30/003, 30/004, 30/005, 30/006, 30/008, 30/010, 30/GE, 30/013, 30/014, 30/015, 30/016, 30/017, 30/019, 30/020, 30/021, 30/022, 30/023, 30/024, 30/029, 30/030, 30/031, 30/036, 30/037, 30/038, 30/039, 30/042, 30/043, 30/044, 30/046, 30/051, 30/052, 30/053, 30/054, 30/055, 30/056, 30/057, 30/058, 30/059, 30/060, 30/061, 30/062, 30/063

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Behavioral Health Services

Data Selection/Filter Elements:

Provider Type: 05, 25, 26, 07, 91, 32

Procedure Codes: H0001HN, H0001HO, H0001TS, H0001, H0019, H0031HA, H0031HN, H0031HO, H0031TS, H0031, H0032TS, H0032, H2000HO, H2000HP, H2000, H2010HE, H2010HF, H2010HO, H2010HQ, H2019, H2020HA, S5145HE, S5145HK, S5145, T1007TS, T1007, T1015, T1017HA, T1017HK, T1017, T1023HE , T1023HF

Obstetrical Services

Data Selection/Filter Elements:

Provider Type: 25/000, 25/026, 25/027, 25/065, 26/000, 26/026, 26/027, 26/065, 29/000, 29/026, 29/027, 29/065, 30/000, 30/026, 30/027, 30/065, 34

Procedure Codes: H1000, H1001, S4005, S8415, 59000, 59001, 59001, 59012, 59015, 59020, 59025, 59030, 59074, 59076, 59100, 59120, 59121, 59130, 59135, 59136, 59140, 59150, 59151, 59160, 59200, 59300, 59320, 59325, 59350, 59400, 59409, 59409, 59410, 59410, 59412, 59414, 59430, 59510, 59514, 59515, 59525, 59612, 59614, 59622, 59812, 59820, 59821, 59866, 59870,

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Home Health Services

Data Selection/Filter Elements:

Provider Type: 65, 117, 118, 114

Procedure Codes: S9122, S9122TT, S9122UF, S9122TTUF, S9123, S9123TT, S9123UF, S9123TTUF, S9124, S9124TT, S9124UF, S9124TTUF, T1030, T1030TT, T1030GY, T1030GYTT, T1030TTGY, T1031, T1031TT, T1021, T1021TD, T1021TDGY, T1021GYTD, T1021TDGYTT, T1021GYTTTD, T1021GYTDTT, T1021TTGYTD, T1021TTTDGY, T1021TT, T1021GY, T1021TDTT, T1021TTGY, T1021GYTT