



CHARLIE CRIST  
GOVERNOR

*Better Health Care for all Floridians*

THOMAS W. ARNOLD  
SECRETARY

March 15, 2010

The Honorable Charlie Crist  
Governor, State of Florida  
PL-05 The Capitol  
400 South Monroe Street  
Tallahassee, FL 32399-0001

Dear Governor Crist:

This letter **rescinds** the report sent to you on January 29, 2010, regarding cost effectiveness of entities identified as managed care plans in section 409.9122, F.S. This version contains corrections to the analysis that the Agency for Health Care Administration (Agency) identified that caused the report to be misstated. The corrections are provided in the attachments discussed below.

Section 409.912(44), Florida Statutes, requires the Agency to submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives each year the audit results to determine cost-effectiveness of entities identified as managed care plans in section 409.9122, F.S. Entities identified as managed care plans include minority physician networks, the pediatric emergency room diversion projects, exclusive provider organizations, and provider service networks. Section 409.912(44), F.S., stipulates that contracts with the specified managed care plans as defined in section 409.9122(2)(f), F.S., which are not cost-effective, may not be renewed.

The analysis of cost effectiveness is completed after a specified amount of time has passed after the end of the time period being reviewed. This allows for claims submission for dates of service in the time period being reviewed and provides the entity being reviewed an opportunity to review the claims data and Medicaid recipients included in the specified time period.

To date, the Agency has executed ten managed care plan contracts since the effective date of this legislation on July 1, 2004. Nine of the managed care plan contracts have auditable results for the time periods indicated in Attachments A and B; the one plan that does not have results is Better Health LLC, a provider service network that began operations in May 2009. Attachment A provides the audit results for reconciliation periods finalized after the December 31, 2008 Legislative Report. The audit results do not affect renewal of the current contracts this year; the contract period for which renewal would be affected begins July 2010 for minority physician networks, of which there is one, and September 2012 for provider service networks, of which there are four.



The Honorable Charlie Crist  
March 15, 2010  
Page Two

The comparison in Attachment A includes the net program costs to the state. These costs consist of fee-for-service medical claims costs for contract services for which the managed care plan is responsible, administrative costs, and primary care case-management fees paid to the plan. The expenditures are then compared to the discounted capitation rate in Attachment A. This provides a comparison of the cost effectiveness of the fee-for-service expenditures compared to the HMO capitation rate. Credits are given for pharmacy rebates realized in the fee-for-service plans. The net costs are measured against the capitation rate that would have been paid to the plan had it been an HMO (HMO payment amount in Attachment A). The capitation rate analysis includes the case mix adjustments upon which the HMO capitation rates are based (age, gender, eligibility and geographic area) and whether the plan is subject to Medicaid Reform requirements and thus risk-adjustment for Reform.

Reform requirements under section 409.91211(8), F.S., provide slightly different capitation rate development for Reform managed care plans. For Reform populations, the capitation rates are risk-adjusted. The statute required a phase-in of the risk-adjusted rates, with a 10 percent risk corridor for the first two years. For 2006-2007, only 25 percent of the HMO capitation rate is risk-adjusted; for 2007-2008, 50 percent of the HMO capitation rate is risk-adjusted. In 2008-2009, the capitation rates are fully risk adjusted. Due to the corridors, some plans may have been more cost effective than noted in the analysis.

Attachment B provides a comparison of the managed care plan costs to the aggregate upper payment limit (UPL, the cost of fee-for-service Medicaid). The aggregate UPL is the undiscounted, or base, capitation rate. This, in combination with the statutorily required review against the HMO capitation rate, provides a fuller picture of the value these plans offer to the state compared to a fee-for-service environment.

Attachment C lists the ten managed care plan contracts subject to section 409.912(44), F.S.

The Agency is submitting these audit results to comply with the annual statutory requirement.

Sincerely,



Thomas W. Arnold  
Secretary

TWA/ltg

Enclosures: Attachment A – Cost Effectiveness Audit Report, December 31, 2009  
Attachment B – Cost Effectiveness Audit Report – Provider Service Network  
Comparison to Aggregate Upper Payment Limit, December 31, 2009  
Attachment C – Managed Care Plan Contracts Subject to s. 409.912(44), F.S.  
cc: Roberta K. Bradford, Deputy Secretary for Medicaid



CHARLIE CRIST  
GOVERNOR

*Better Health Care for all Floridians*

THOMAS W. ARNOLD  
SECRETARY

March 15, 2010

The Honorable Jeff Atwater  
President, The Florida Senate  
409 The Capitol  
404 South Monroe Street  
Tallahassee, FL 32399-1100

Dear President Atwater:

This letter **rescinds** the report sent to you on January 29, 2010, regarding cost effectiveness of entities identified as managed care plans in section 409.9122, F.S. This version contains corrections to the analysis that the Agency for Health Care Administration (Agency) identified that caused the report to be misstated. The corrections are provided in the attachments discussed below.

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The Honorable Jeff Atwater  
March 15, 2010  
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Sincerely,



Thomas W. Arnold  
Secretary

TWA/ltg

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cc: Roberta K. Bradford, Deputy Secretary for Medicaid



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THOMAS W. ARNOLD  
SECRETARY

March 15, 2010

The Honorable Larry Cretul, Speaker  
Florida House of Representatives  
420 The Capitol  
402 South Monroe Street  
Tallahassee, FL 32399-1300

Dear Speaker Cretul:

This letter **rescinds** the report sent to you on January 29, 2010, regarding cost effectiveness of entities identified as managed care plans in section 409.9122, F.S. This version contains corrections to the analysis that the Agency for Health Care Administration (Agency) identified that caused the report to be misstated. The corrections are provided in the attachments discussed below.

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The Honorable Larry Cretul, Speaker  
March 15, 2010  
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Attachment B provides a comparison of the managed care plan costs to the aggregate upper payment limit (UPL, the cost of fee-for-service Medicaid). The aggregate UPL is the undiscounted, or base, capitation rate. This, in combination with the statutorily required review against the HMO capitation rate, provides a fuller picture of the value these plans offer to the state compared to a fee-for-service environment.

Attachment C lists the ten managed care plan contracts subject to section 409.912(44), F.S.

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Sincerely,



Thomas W. Arnold  
Secretary

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cc: Roberta K. Bradford, Deputy Secretary for Medicaid

**Attachment A**  
**Cost-Effectiveness Audit Report**  
**December 31, 2009**

**Revised and Final, Replaces all Prior Reports**

**Access Health Solutions, LLC**

**Minority Physician Network**

<b>Time Periods</b>	<b>Member Months</b>	<b>Description</b>	<b>Amount</b>
Jan - August 2008	598,049	Net Program Cost	\$123,565,998.40
		HMO Payment Amount*	\$139,111,801.00
		Difference	<b>\$15,545,802.60</b>

**Provider Service Network**

<b>Time Periods</b>	<b>Member Months</b>	<b>Description</b>	<b>Amount</b>
Sep 2006 - Aug 2007 Reform	110,723	Net Program Cost	\$25,841,865.89
		HMO Payment Amount*	\$26,076,105.09
		Difference	<b>\$234,239.20</b>
Sep 2007 - Aug 2008 Reform	184,823	Net Program Cost	\$43,832,030.95
		HMO Payment Amount*	\$44,637,556.42
		Difference	<b>\$805,525.47</b>

**Florida Department of Health Children's Medical Services\*\***

**Provider Service Network**

<b>Time Periods</b>	<b>Member Months</b>	<b>Description</b>	<b>Amount</b>
Dec 2006 - Aug 2007 Reform	19,287	Net Program Cost	\$37,164,601.66
		HMO Payment Amount*	\$37,647,606.41
		Difference	<b>\$483,004.75</b>
Sep 2007 - Aug 2008 Reform	43,664	Net Program Cost	\$70,627,451.43
		HMO Payment Amount*	\$71,416,986.11
		Difference	<b>\$789,534.68</b>

**Attachment A  
Cost-Effectiveness Audit Report  
December 31, 2009**

**Revised and Final, Replaces all Prior Reports**

**Florida NetPass**

**Minority Physician Network**

<b>Time Periods</b>	<b>Member Months</b>	<b>Description</b>	<b>Amount</b>
Jan - August 2008	407,193	Net Program Cost	\$113,588,924.97
		HMO Payment Amount*	\$123,191,452.00
		Difference	<b>\$9,602,527.03</b>

**Provider Service Network**

<b>Time Periods</b>	<b>Member Months</b>	<b>Description</b>	<b>Amount</b>
Sep 2006 - Aug 2007 Reform	50,412	Net Program Cost	\$17,553,079.37
		HMO Payment Amount*	\$18,152,349.30
		Difference	<b>\$599,269.93</b>
Sep 2007 - Aug 2008 Reform	48,340	Net Program Cost	\$20,568,064.40
		HMO Payment Amount*	\$19,985,278.06
		Difference	<b>-\$582,786.34</b>

**Pediatric Associates, LLC\*\*\***

**Pediatric Emergency Room Diversion Project**

<b>Time Periods</b>	<b>Member Months</b>	<b>Description</b>	<b>Amount</b>
Jan - August 2008	66,421	Net Program Cost	\$7,706,913.69
		HMO Payment Amount*	\$7,894,692.00
		Difference	<b>\$187,778.31</b>

**Provider Service Network**

<b>Time Periods</b>	<b>Member Months</b>	<b>Description</b>	<b>Amount</b>
Oct 2006 - Aug 2007 Reform	101,631	Net Program Cost	\$12,976,817.93
		HMO Payment Amount*	\$13,112,641.29
		Difference	<b>\$135,823.36</b>
Sep 2007 - Aug 2008 Reform	109,286	Net Program Cost	\$15,422,846.30
		HMO Payment Amount*	\$15,735,134.36
		Difference	<b>\$312,288.06</b>

**Attachment A  
Cost-Effectiveness Audit Report  
December 31, 2009**

**Revised and Final, Replaces all Prior Reports**

**Shands Jacksonville dba First Coast Advantage**

**Provider Service Network\***

<b>Time Periods</b>	<b>Member Months</b>	<b>Description</b>	<b>Amount</b>
Sep 2006 - Aug 2007 Reform	148,529	Net Program Cost	\$40,152,149.20
		HMO Payment Amount*	\$40,441,631.44
		Difference	<b>\$289,482.24</b>
Sep 2007 - Aug 2008 Reform	179,065	Net Program Cost	\$49,711,547.48
		HMO Payment Amount*	\$50,182,977.35
		Difference	<b>\$471,429.87</b>

**South Florida Community Care Network**

**Provider Service Network - Non-Reform**

<b>Time Periods</b>	<b>Member Months</b>	<b>Description</b>	<b>Amount</b>
Jul 2006 - Jun 2007 Non-Reform	146,262	Net Program Cost	\$58,371,351.35
		HMO Payment Amount****	\$55,077,514.39
		Difference	<b>-\$3,293,836.96</b>
July 2007 - Aug 2008 Non-Reform	111,815	Net Program Cost	\$51,289,955.02
		HMO Payment Amount****	\$50,257,527.87
		Difference	<b>-\$1,032,427.15</b>

**Provider Service Network - Reform**

<b>Time Periods</b>	<b>Member Months</b>	<b>Description</b>	<b>Amount</b>
Sep 2006 - Aug 2007 Reform	68,725	Net Program Cost	\$31,035,075.43
		HMO Payment Amount****	\$31,468,751.28
		Difference	<b>\$433,675.85</b>
Sep 2007 - Aug 2008 Reform	70,603	Net Program Cost	\$35,446,973.67
		HMO Payment Amount****	\$36,306,552.65
		Difference	<b>\$859,578.98</b>

\*\*\*\*The SFCCN contract began prior to the cost-effectiveness legislation and that contract does not include risk-adjustment of the HMO capitation rate (HMO payment amount).

\* As required under s.409.91211, F.S., the HMO payment amount includes risk-adjusted rates with a ten percent risk corridor phased-in during the first two years of Medicaid Reform as follows:

- In the first year (9/1/2006 - 8/31/2007), 75% of the HMO rate is based on non-Reform rate methodology and only 25% is based on the new risk-adjusted capitation rate methodology.

- In the second year (9/1/2007) - 8/31/2008), 50% of the HMO rate is based on non-Reform rate methodology and only 50% is based on the new risk-adjusted capitation methodology.

\*\* The Florida Department of Health Children's Medical Services contract operations began 12/1/06.

\*\*\*Provider Service Network contract operations began 10/1/06.

Note: Net Program Cost includes PMPM costs (either capitated or fee for service), administrative fees (if not recovered reconciliation process), case management fees, and shared savings distributions.

**Attachment B  
 Cost-Effectiveness Audit Report - Provider Service Network Comparison to Aggregate  
 Upper Payment Limit (UPL)  
 December 31, 2009**

**Revised and Final, Replaces all Prior Reports**

**Access Health Solutions, LLC (Provider Service Network)**

<b>Time Periods</b>	<b>Member Months</b>	<b>Description</b>	<b>Amount</b>
Sep 2006 - Aug 2007 Reform	110,723	Net Program Cost	\$25,841,865.89
		Total Aggregate UPL	\$29,340,104.43
		Difference	<b>\$3,498,238.54</b>
Sep 2007 - Aug 2008 Reform	184,823	Net Program Cost	\$43,832,030.95
		Total Aggregate UPL	\$49,142,300.52
		Difference	<b>\$5,310,269.57</b>

**Florida Department of Health Children's Medical Services (Provider Service Network)\***

<b>Time Periods</b>	<b>Member Months</b>	<b>Description</b>	<b>Amount</b>
Dec 2006 - Aug 2007 Reform	19,287	Net Program Cost	\$37,164,601.66
		Total Aggregate UPL	\$39,062,538.79
		Difference	<b>\$1,897,937.13</b>
Sep 2007 - Aug 2008 Reform	43,664	Net Program Cost	\$70,627,451.43
		Total Aggregate UPL	\$74,463,651.07
		Difference	<b>\$3,836,199.64</b>

**Florida NetPASS, LLC (Provider Service Network)**

<b>Time Periods</b>	<b>Member Months</b>	<b>Description</b>	<b>Amount</b>
Sep 2006 - Aug 2007 Reform	50,412	Net Program Cost	\$17,553,079.37
		Total Aggregate UPL	\$20,651,217.52
		Difference	<b>\$3,098,138.15</b>
Sep 2007 - Aug 2008 Reform	48,340	Net Program Cost	\$20,568,064.40
		Total Aggregate UPL	\$22,410,030.00
		Difference	<b>\$1,841,965.60</b>

**Attachment B**  
**Cost-Effectiveness Audit Report - Provider Service Network Comparison to Aggregate**  
**Upper Payment Limit (UPL)**  
**December 31, 2009**

**Revised and Final, Replaces all Prior Reports**

**Pediatric Associates, LLC (Provider Service Network)\*\***

<b>Time Periods</b>	<b>Member Months</b>	<b>Description</b>	<b>Amount</b>
Oct 2006 - Aug 2007 Reform	101,631	Net Program Cost	\$12,976,817.93
		Total Aggregate UPL	\$14,651,316.16
		Difference	<b>\$1,674,498.23</b>
Sep 2007 - Aug 2008 Reform	109,286	Net Program Cost	\$15,422,846.30
		Total Aggregate UPL	\$16,948,585.93
		Difference	<b>\$1,525,739.64</b>

**Shands Jacksonville dba First Coast Advantage (Provider Service Network)**

<b>Time Periods</b>	<b>Member Months</b>	<b>Description</b>	<b>Amount</b>
Sep 2006 - Aug 2007 Reform	148,529	Net Program Cost	\$40,152,149.20
		Total Aggregate UPL	\$45,178,030.05
		Difference	<b>\$5,025,880.85</b>
Sep 2007 - Aug 2008 Reform	179,065	Net Program Cost	\$49,711,547.48
		Total Aggregate UPL	\$55,716,399.02
		Difference	<b>\$6,004,851.55</b>

**Attachment B  
 Cost-Effectiveness Audit Report - Provider Service Network Comparison to Aggregate  
 Upper Payment Limit (UPL)  
 December 31, 2009**

**Revised and Final, Replaces all Prior Reports**

**South Florida Community Care Network (Provider Service Network) - Non-Reform**

<b>Time Periods</b>	<b>Member Months</b>	<b>Description</b>	<b>Amount</b>
Jul 2006 - Jun 2007 <b>Non-Reform</b>	146,262	Net Program Cost	\$58,371,351.35
		Total Aggregate UPL	\$60,605,136.40
		Difference	<b>\$2,233,785.05</b>
July 2007 - Aug 2008 <b>Non-Reform</b>	111,815	Net Program Cost	\$51,289,955.02
		Total Aggregate UPL	\$53,615,513.10
		Difference	<b>\$2,325,558.08</b>

\*\*\* SFCCN Net Program Cost is undiscounted and non-risk-adjusted.

**South Florida Community Care Network (Provider Service Network) - Reform**

<b>Time Periods</b>	<b>Member Months</b>	<b>Description</b>	<b>Amount</b>
Sep 2006 - Aug 2007 <b>Reform</b>	68,725	Net Program Cost	\$31,035,075.43
		Total Aggregate UPL	\$28,060,743.06
		Difference	<b>-\$2,974,332.37</b>
Sep 2007 - Aug 2008 <b>Reform</b>	70,603	Net Program Cost	\$35,446,973.67
		Total Aggregate UPL	\$33,490,314.59
		Difference	<b>-\$1,956,659.08</b>

\*\*\* SFCCN Net Program Cost is undiscounted and non-risk-adjusted.

\* Contract operations began 12/01/06

\*\* Contract operations began 10/1/06

Note: Net Program Cost includes PMPM costs (either capitated or fee for service), administrative fees (if not recovered during reconciliation process), case management fees, and shared savings distributions.

### Attachment C

#### Managed Care Plan Contracts Subject to Section 409.912(44), Florida Statutes

Plan Type		Entity Name	Reconciliation Period Reported	Contract Active
1.	Minority Physician Network	Florida NetPASS	1/01/08 – 8/31/08	No
2.	Minority Physician Network	Access Health Solutions LLC	1/01/08 – 8/31/08	Yes
3.	Pediatric Emergency Room Diversion Project	Pediatric Associates Care Plus	1/01/08 – 8/31/08	No
4.	Provider Service Network	South Florida Community Care Network	Non-Reform 7/01/06 – 6/30/07 7/01/07 – 8/31/08 Reform 9/01/06 – 8/31/07 9/01/07 – 8/31/08	Yes
5.	Provider Service Network	Shands Jacksonville dba First Coast Advantage	Reform 9/01/06 – 8/31/07 9/01/07 – 8/31/08	Yes
6.	Specialty Plan for Children with Chronic Conditions	Florida Department of Health Children's Medical Services	Reform 12/01/06 – 8/31/07 9/01/07 – 8/31/08	Yes
7.	Provider Service Network	Access Health Solutions LLC	Reform 9/01/06 – 8/31/07 9/01/07 – 8/31/08	No
8.	Provider Service Network	Florida NetPASS LLC	Reform 10/01/06 – 8/31/07 9/01/07 – 8/31/08	No
9.	Provider Service Network	Pediatric Associates LLC**	Reform 9/01/06 – 8/31/07 9/01/07 – 8/31/08	No
10.	Provider Service Network	Better Health, LLC***	N/A	Yes

\* Began operation December 2006

\*\* Began operation October 1, 2006

\*\*\* Began operation May 2009