

Operational Efficiency and Quality Committee

February 20, 2025



FLORIDA HEALTHY KIDS CORPORATION Operational Efficiency and Quality Committee Charter

Purpose

The purpose of the Operational Efficiency and Quality Committee ("Committee") of the Board of Directors ("Board") of Florida Healthy Kids Corporation ("Corporation") is to assist the Board in overseeing the efficient provision of quality services to Florida KidCare families, as well as vetting procurement and contracting documents.

Membership

The committee shall comprise at least five (5) members, including at least three (3) members of the Board. An individual may represent multiple roles, but shall retain only one vote. Committee membership may include one or more of the following roles:

- 1. A Committee Chair who is a director of the Board with the experience and ability to manage the Committee's duties and responsibilities.
- 2. A Vice Chair who is a member of the Board.
- 3. A Florida board-certified pediatrician or family medicine physician.
- 4. A licensed Florida dentist.
- 5. A representative from the Department of Children and Families.
- 6. A representative from the Agency for Health Care Administration.
- 7. A representative from the Department of Health.
- 8. A representative of the children's health advocate community.
- 9. An adult family member of a Florida Healthy Kids enrollee.

All members of the Committee shall:

- 1. Be free of any conflict of interest that may interfere with the exercise of independent judgment regarding the operational management of the Corporation.
- Be able to read and understand the Corporation's procurement and contract documents, quality reports, charts, tables, and other information pertaining to operational efficiency and quality management or undergo an orientation provided by corporate staff within a reasonable time of appointment.
- Have a general understanding of and/or experience in contracting matters; the provision of call center, eligibility, medical, and/or dental services; or undergo an orientation provided by corporate staff within a reasonable time of appointment.

Committee Duties and Responsibilities

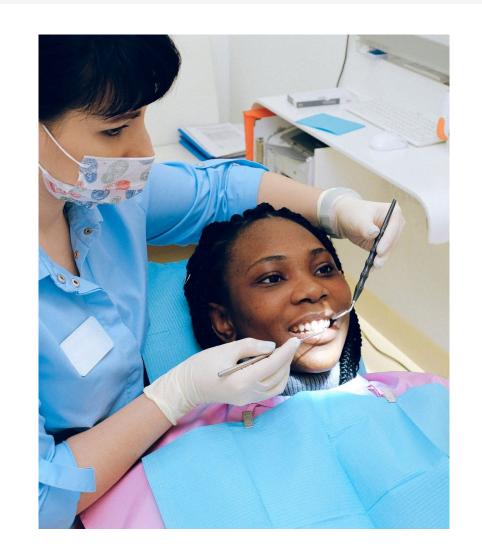
The Committee shall have the following duties and responsibilities; however, items within the Committee's purview may be brought to the Board without first being heard by the Committee.

- 1. Provide guidance on opportunities to improve patient health outcomes, and customer service, as well as process efficiencies between the Corporation and Florida KidCare agency partners.
- Monitor and advise on the delivery and quality of health and dental benefits and services provided to Florida Healthy Kids enrollees, which may include, but is not limited to, review of the following:
 - a. Reports by the Corporation's external quality review organization or FHKC staff
 - b. Federally_required performance improvement projects
 - c. Vendor exemption requests (e.g., board certification and access standard waivers)
- 3. Monitor and advise on the delivery and quality of eligibility and related services provided to Florida KidCare enrollees.
- 4. Review procurement documents.
- 5. Review contracts and amendments with an annual value of more than \$50,000 per year.

 <u>Contract amendments pertaining only to rate or cost adjustments are reviewed by the Finance and Audit Committee.</u>
- 6. Provide guidance on any significant, related compliance issues, such as legal, ethical, or other issues raised in connection with litigation, contingencies or claims, and any material reports or inquiries received from regulators or governmental agencies.
- 7. At least on an annual basis, advise on corporate or governance documents.
- 8. Conduct other activities at the direction of the Board.

MCNA Performance Improvement Project Topics*

- Clinical: Improving sealant receipt on permanent first molars
 - O PIP Study Question: Will targeted member and provider interventions to members turning 10 years old improve the percentage of members receiving sealants by the 10th birthdate, by two percentage points over baseline during the measurement year?
- Non-clinical: Increasing the rate of providers reporting member no-shows using CDT Codes
 - PIP Study Question: Will targeted provider interventions increase the percentage of providers reporting member no-shows using CDT code, D9986 – missed appointment, by two percentage points over baseline during the measurement year?



Reducing Dental Care Disparities for Children with Special Health Care Needs

July 2024

Approval to initiate a new dental PIP

August to November 2024

Health plan outreach

January 2025

Dental plan action and next steps (PIPs)

Quality Reports

Compliance Assessment Performance Improvement Projects Performance Measure Validation Performance Improvement Projects Network Adequacy Validation

Prepare for year 1

Desk audit and virtual review 1

Desk audit and virtual review 3

Compliance Assessment

Correct deficiencies; prepare for year 2

Correct deficiencies; prepare for year 3

Desk audit and virtual review 2

2024 Compliance Assessment Standards for 2023 Activities

- Availability of Services
- Assurances of Adequate Capacity and Services
- Grievances and Appeals
- Practice Guidelines
- Health Information Systems
- Quality Assessment and Performance Improvement

2025 Standards

- Coordination and Continuity of Care
- Coverage and Authorization of Services
- Subcontractual Relationships and Delegation

2026 Standards

- Enrollee Information
- Enrollee Rights and Protections
- Provider Selection Credentialing/Recredentialing

Compliance Assessment Results

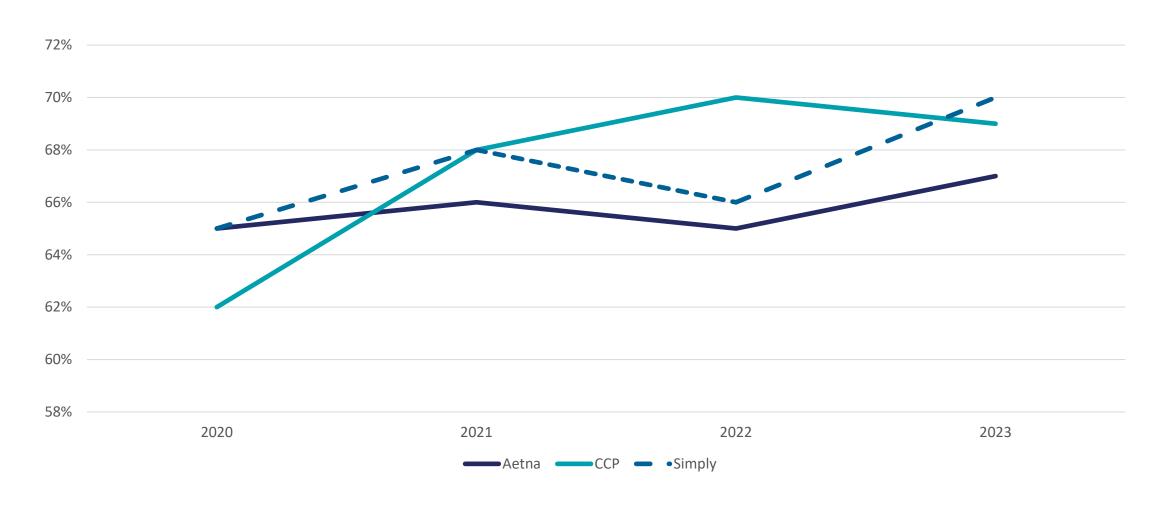
Plan	Overall Score	Availability of Services	Assurances of Adequate Capacity and Services	Grievances and Appeals	Practice Guidelines	Health Information Systems	Quality Assessment and Performance Improvement
Aetna	100%	100%	100%	100%	100%	100%	100%
ССР	99.29%	100%	100%	95.71%	100%	100%	100%
Simply	99.52%	100%	100%	97.14%	100%	100%	100%
DentaQuest	93.10%	100%	100%	98.57%	100%	80.00%	80.00%
Liberty	98.72%	92.31%	100%	100%	100%	100%	100%
MCNA	100%	100%	100%	100%	100%	100%	100%

Performance Measures

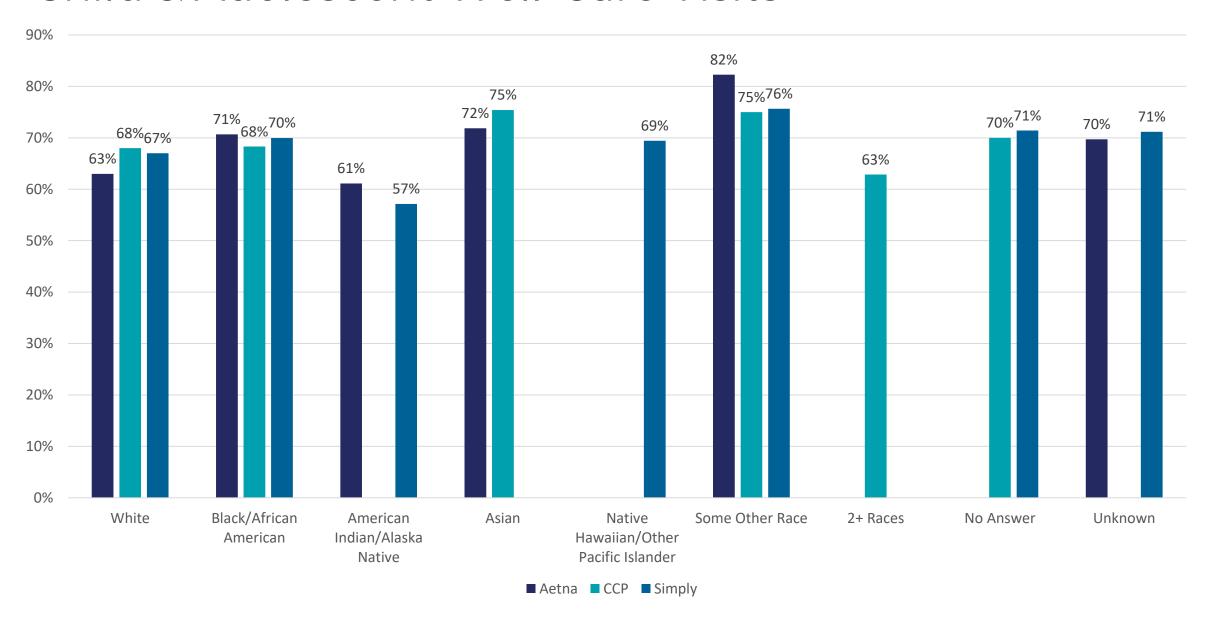


- Health: 24 performance measures
- Dental: 10 performance measures
- More than 100 submeasures based on age and/or enrollment per plan

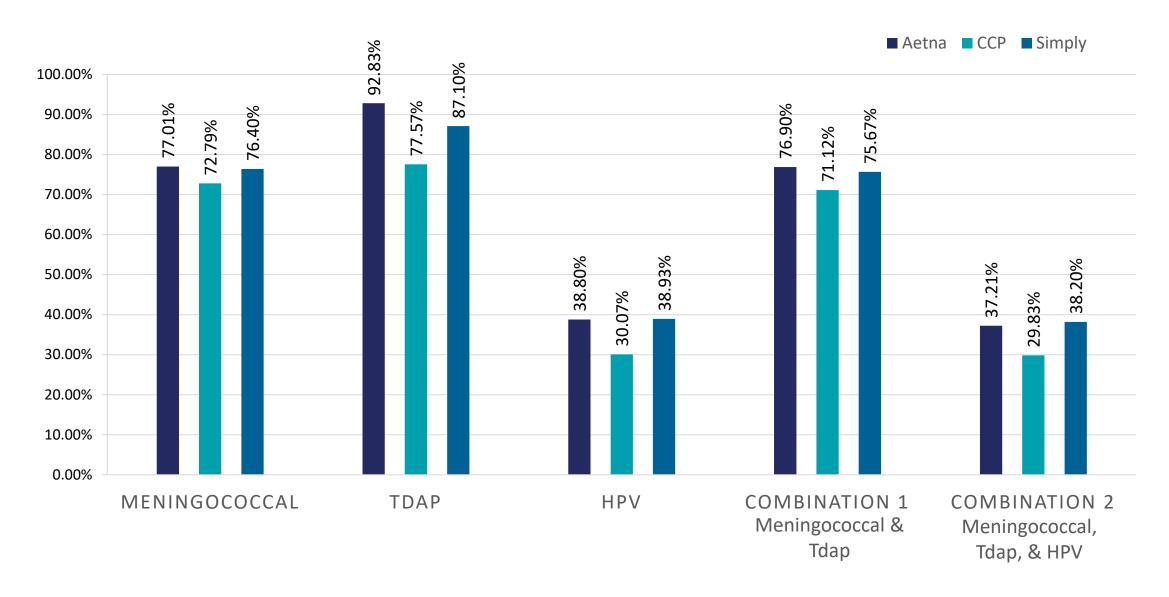
Child & Adolescent Well-care Visits Total, Over Time



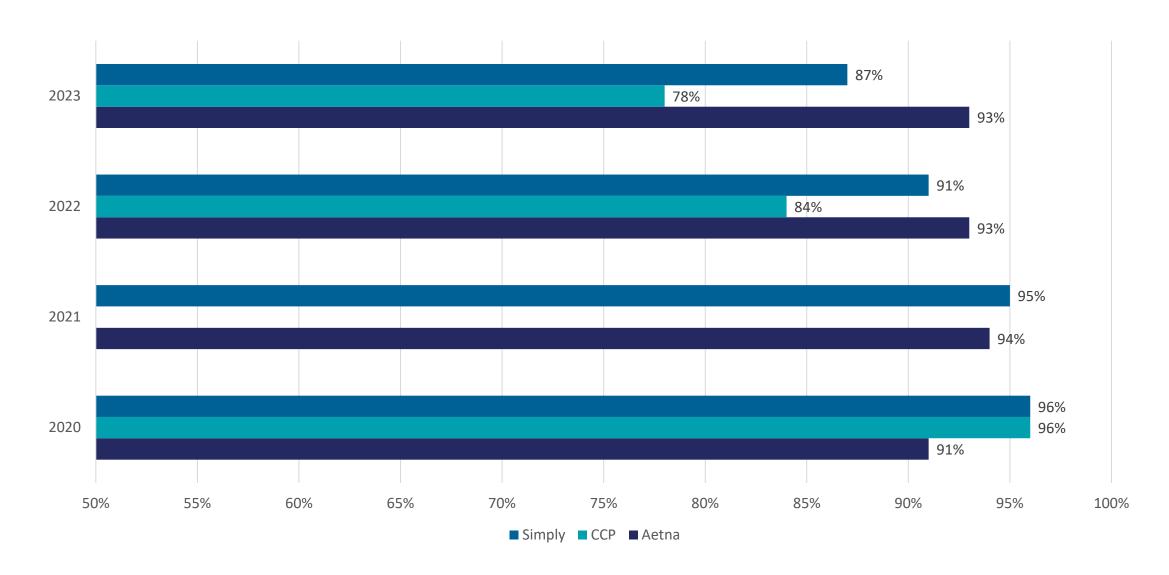
Child & Adolescent Well-Care Visits



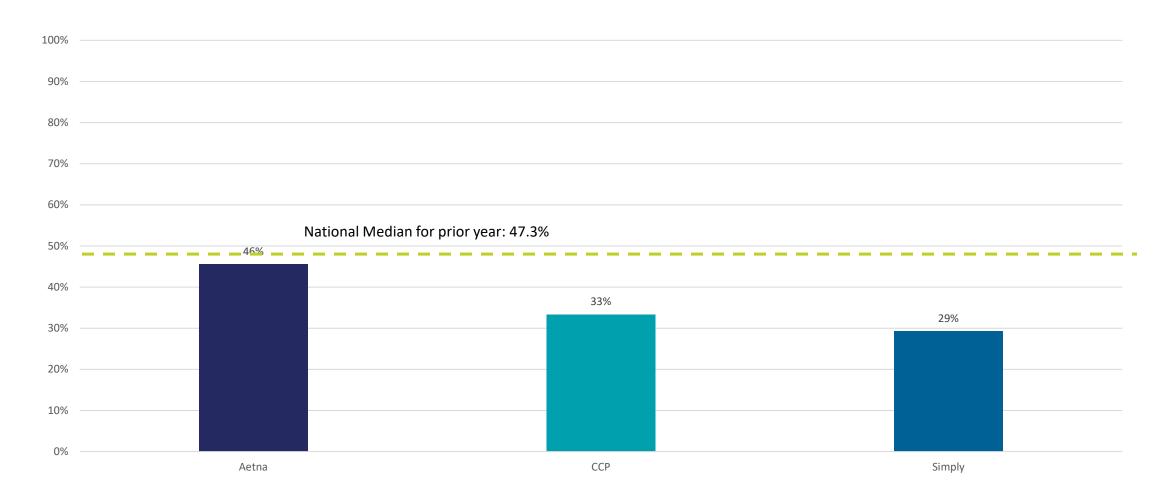
Adolescent Immunizations



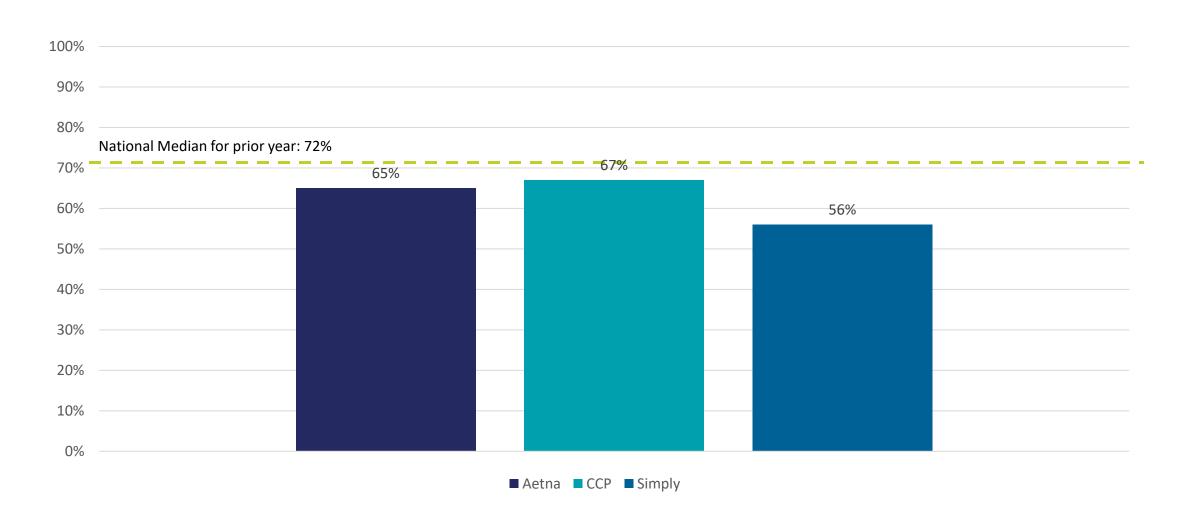
Tdap, Over Time



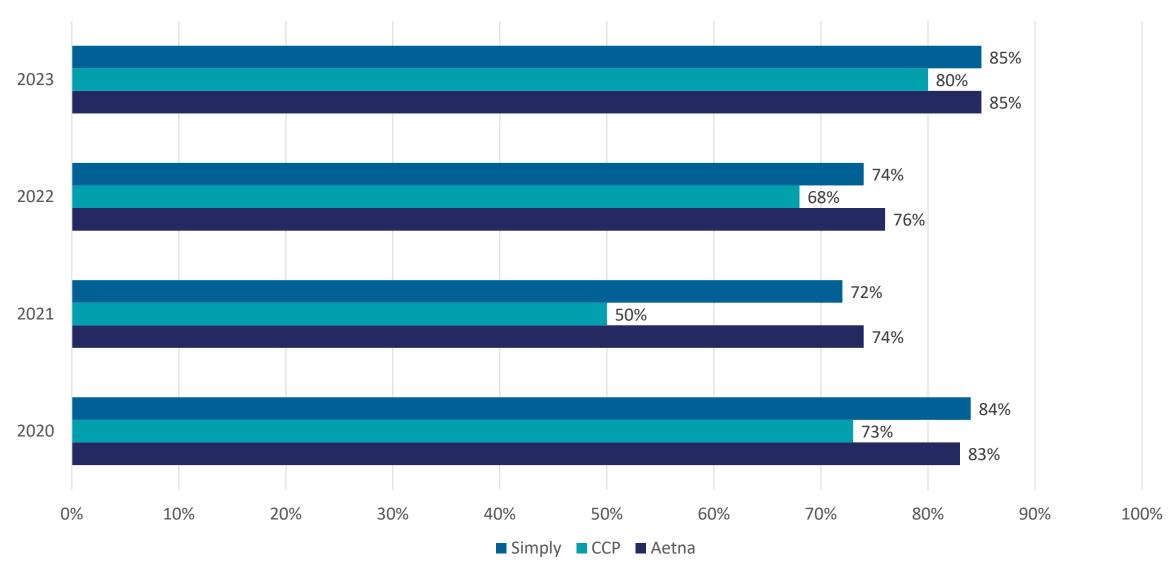
Follow-Up after Hospitalization for Mental Illness – 7 Days



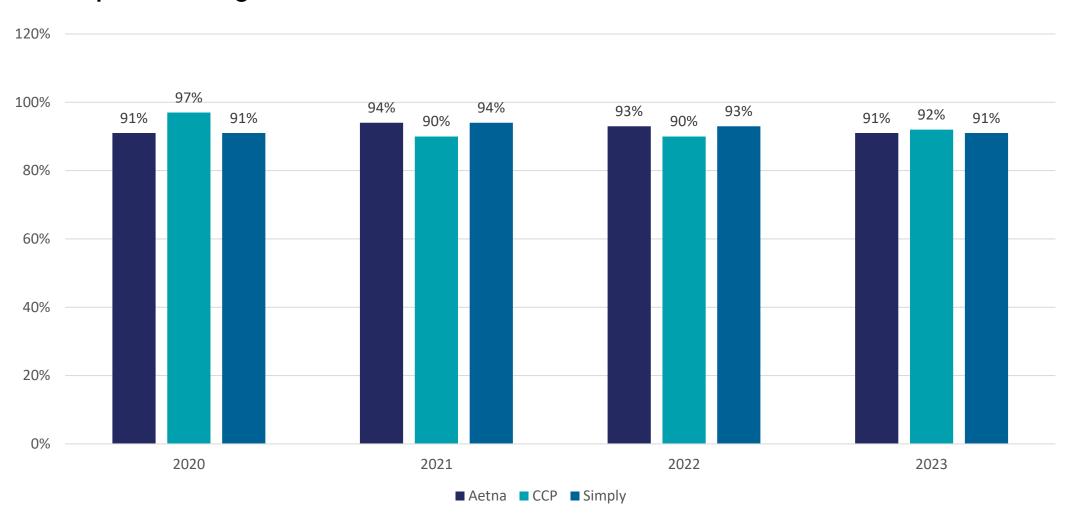
Follow-Up after Hospitalization for Mental Illness – 30 days



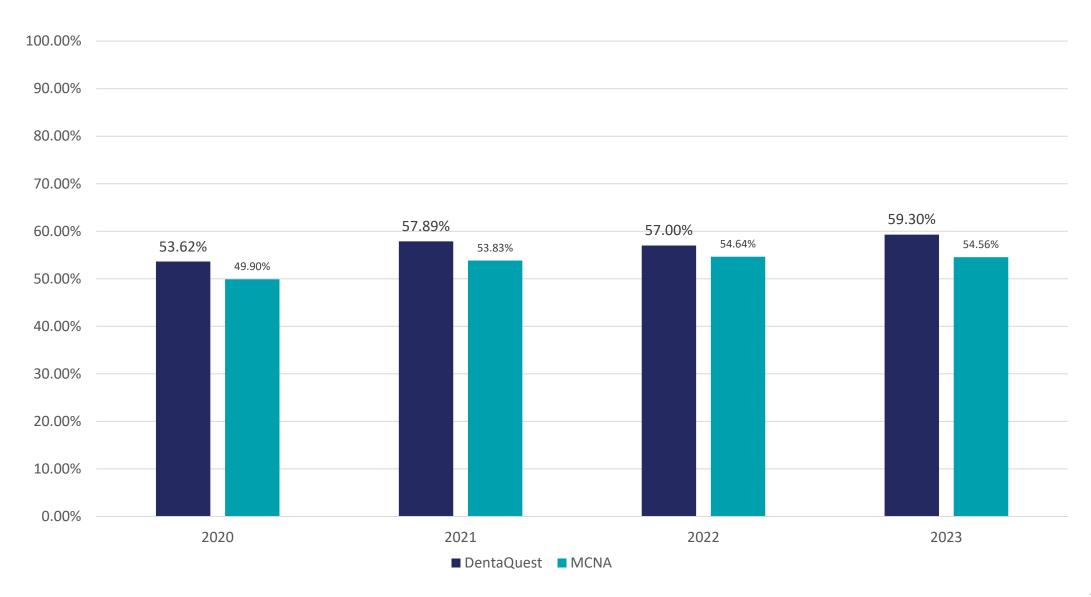
Appropriate Testing for Pharyngitis



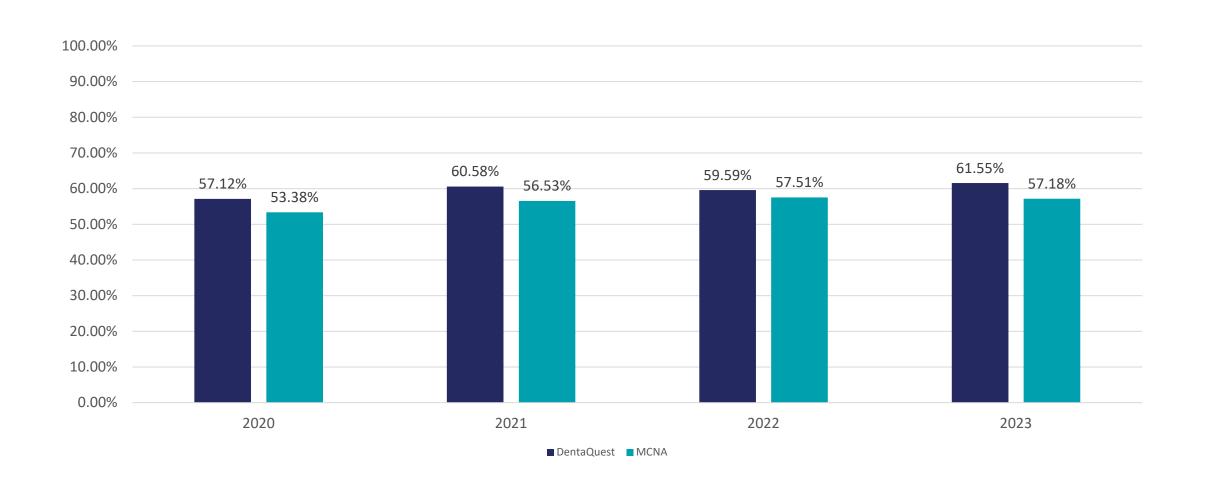
Appropriate Treatment for Children with Upper Respiratory Infection



Enrollees Receiving Preventive Dental Services



Enrollees Enrolled 11 Months Receiving Any Dental Service









Performance Improvement Projects

Submit documents



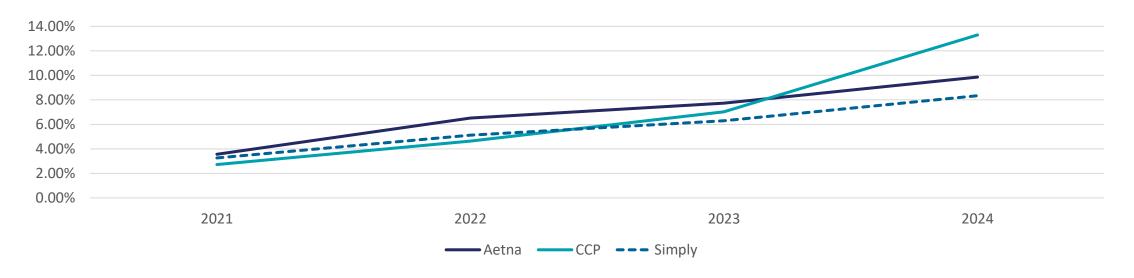


Results, strengths, suggestions



Health Clinical PIP: Screening for Depression & Follow-up Ages 12-17

Plan	Validation Score	Validation Rating 1	Validation Rating 2	Key Measure
Aetna	100%	High Confidence	High Confidence	9.86%
ССР	93.18%	High Confidence	High Confidence	13.30%
Simply	91.49%	High Confidence	High Confidence	8.34%



Health Administrative Non-clinical PIPs

Plan	PIP Topic	Validation Score	Validation Rating 1	Validation Rating 2	Key Measure
Aetna	Timely Follow-up for Patients After They Have Been Hospitalized for Mental Illness–7- Days	100%	High Confidence	High Confidence	45.08%
ССР	Follow-up After Hospitalization for Mental Illness—7 Days	85.42%	Moderate Confidence	Moderate Confidence	32.61%
Simply	Improving Care Coordination to Improve Follow-up Care for Children Prescribed ADHD Medication (ADD)	100%	High Confidence	High Confidence	Initial Rx: 47.63% Continued Rx: 69.42%

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Dental Clinical PIP: Preventive Dental Services

Plan	Validation Score	Validation Rating 1	Validation Rating 2	Key Measure
DentaQuest	100%	High Confidence	Low Confidence	48.80%
Liberty	96.77%	High Confidence	Moderate Confidence	43.88%
MCNA	100.00%	High Confidence	Low Confidence	40.44%

Dental Administrative Non-clinical PIPs

Plan	PIP Topic	Validation Score	Validation Rating 1	Validation Rating 2	Key Measure
DentaQuest	Increasing After Hours Care	97.50%	High Confidence	Low Confidence	48.26%
Liberty	Access to Care in Rural and Urban Counties	81.81%	Moderate Confidence	Moderate Confidence	96.47%
MCNA	Annual Dental Visit	100.00%	High Confidence	Moderate Confidence	57.36%

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Network Adequacy

- Point in time assessment: March 2024
- Time and distance standards for urban and rural areas
- Detailed provider types: 13 for health and 3 for dental
- Appointment availability, including communication to members and providers





Health Network Adequacy Standards

Time (



Provider Type	Urban	Rural	Urban	Rural
Primary Care Provider (PCP) – Family Medicine	20	20	20	20
PCP – Pediatrics	20	30	20	30
Allergy & Immunology	30	60	30	45
Dermatology	30	60	30	45
Obstetrics & Gynecology	30	30	30	30
Optometry	30	60	30	45
Otolaryngology (ENT)	30	60	30	45
Behavioral Health – Pediatric	30	60	30	45
Behavioral Health – Other	30	60	30	45
Specialist – Pediatric	20	40	20	30
Specialist – Other	20	20	20	20
Hospital	30	30	20	30
Pharmacy	15	15	10	10

Dental Network Adequacy Standards



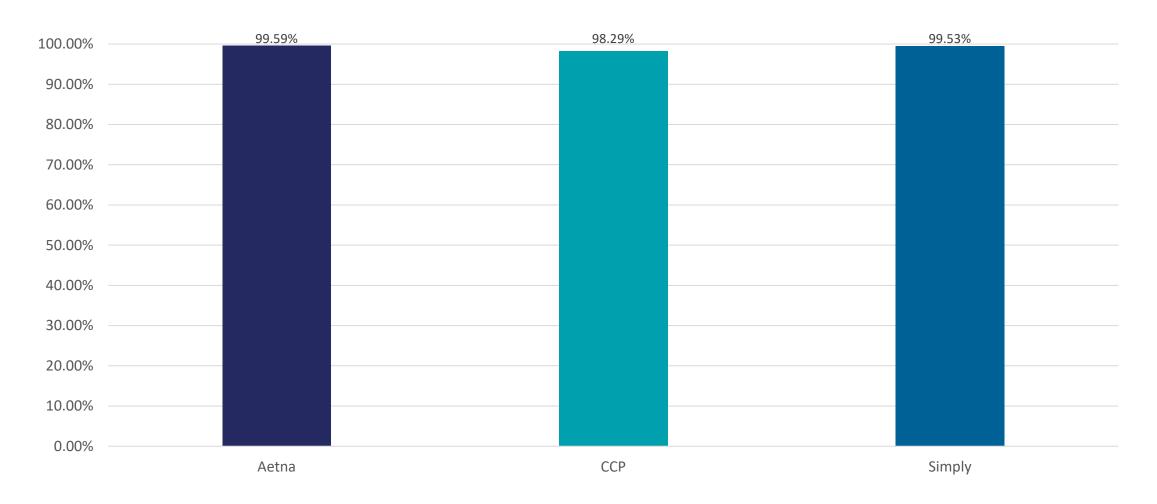






Provider Type	Urban	Rural	Urban	Rural
Primary Care Dentists	20	30	20	30
Dental Specialists	20	40	20	30
Orthodontists	30	70	20	50

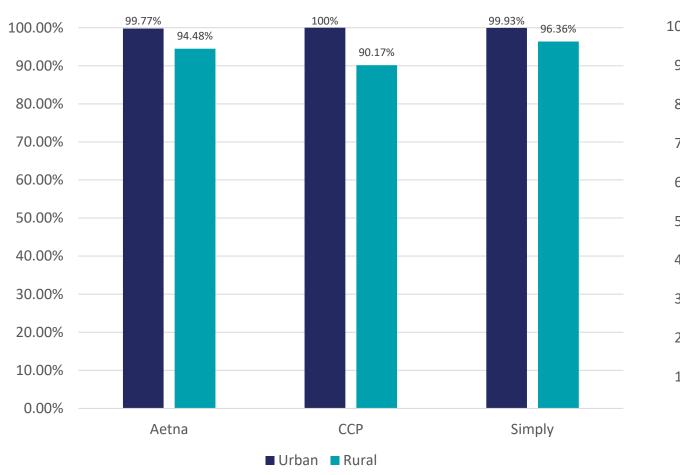
Health Overall Weighted Network Adequacy Score

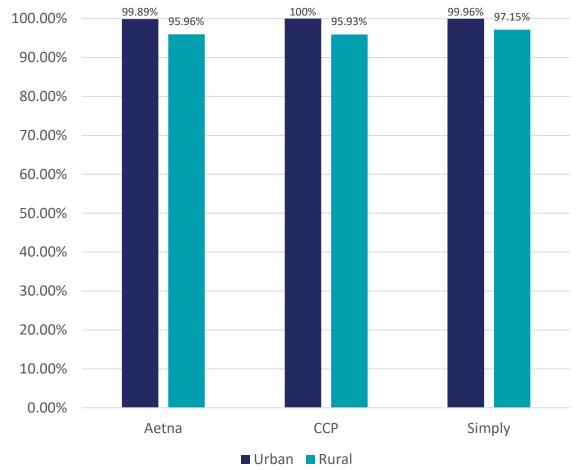


Family Medicine





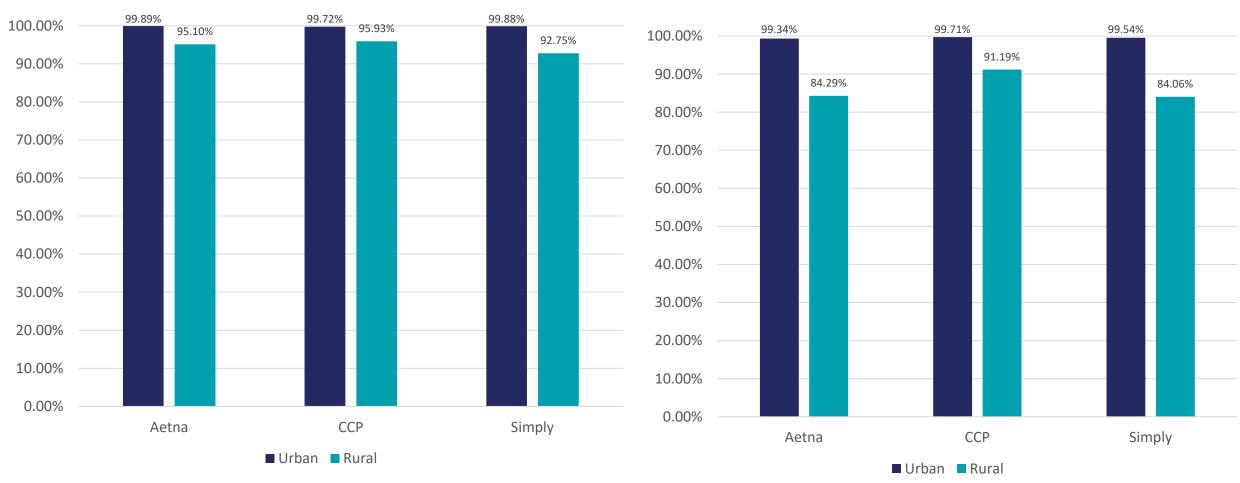




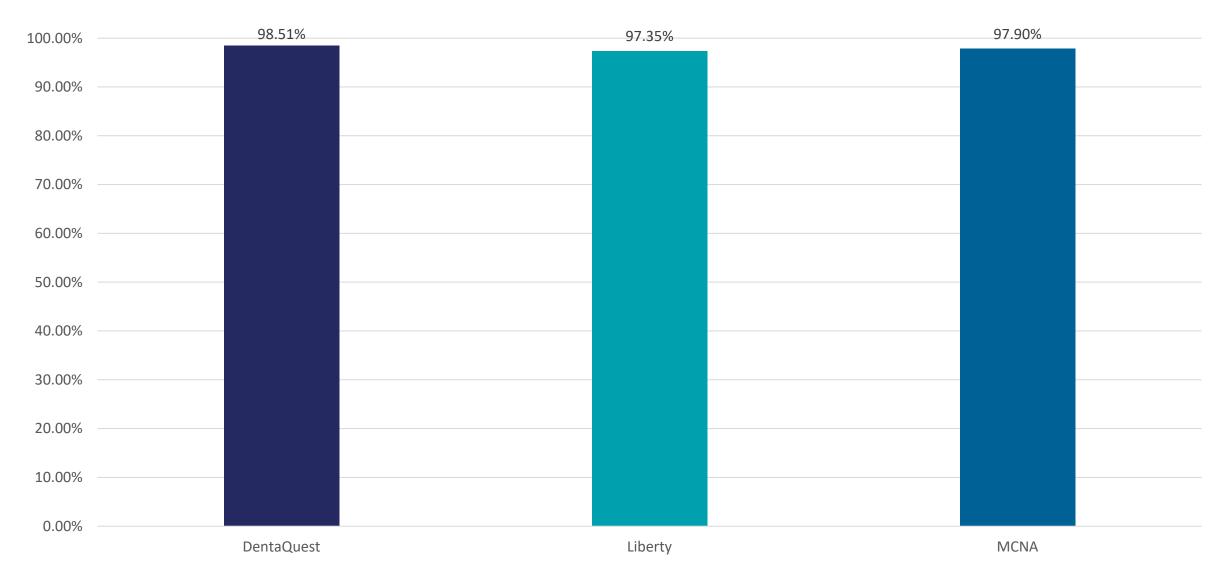
Pharmacy



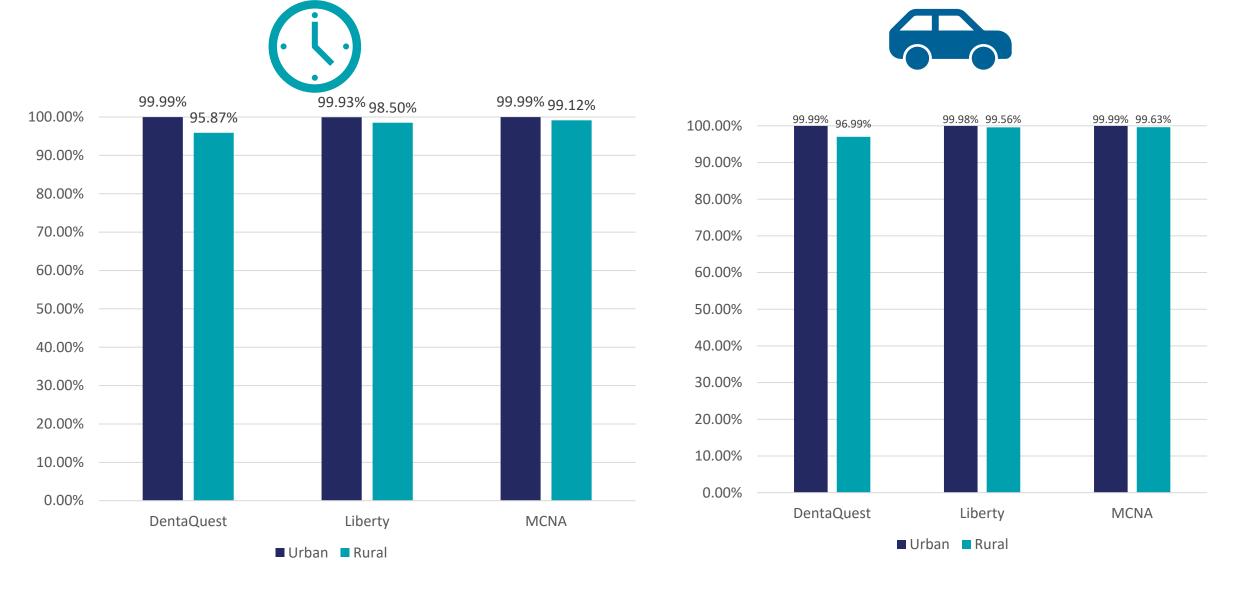




Dental Overall Weighted Network Adequacy Score



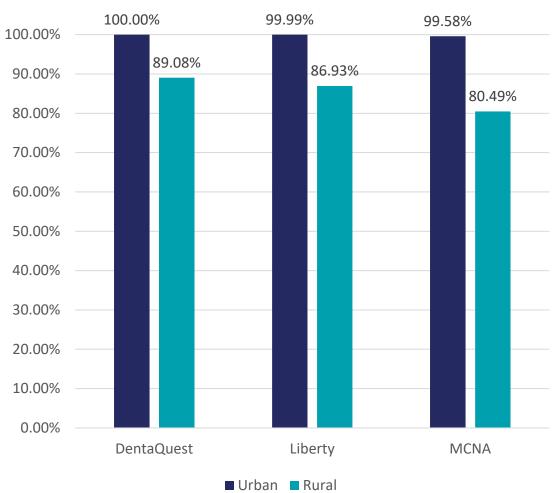
Primary Care Dentists

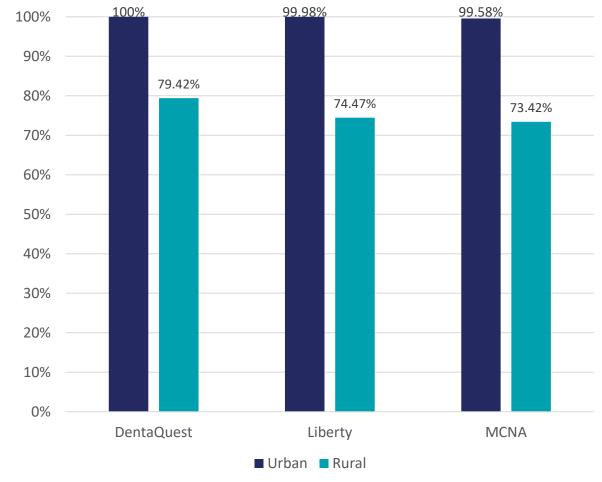


Orthodontists











2024 Performance Standards

Maximus - Call Center



Incoming Calls Answered 80% answered within 60 seconds.



Response to Contacts from Customers

100% answered within 2 business days



Abandon Call Rate

Less than 95% of all calls abandoned



Average Monitoring Score

90% for tenured agents



Blocked Call Rate

Less than 99% of incoming calls blocked



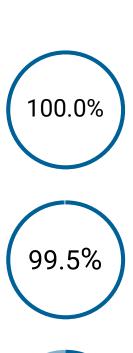
First Call Resolution

86% of initial calls are addressed during the first call



2024 Performance Standards

Maximus - Eligibility Processes

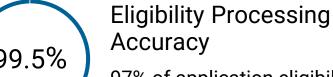


Applications Processing 100% within 7 business days



Outgoing Correspondence

100% mailed within 1 business day, 2 business days for web letters



97% of application eligibility accuracy



Outgoing Correspondence Accuracy

97% processed accurately



Incoming Correspondence

100% linked and processed within 4 business days



Returned Mail Processed

100% within 3 business days of receipt



2024 Performance Standards

Maximus - Financial



Premium Payment Processing

100% within one business day of receipt



Accounts Refund Processing

100% submitted to FHKC by the 20th day of each month



Payment Transaction Accuracy

99% error-free



Account Refund Accuracy

99% error-free



NSF Payments Processing

100% within two business days of receipt



Account Financial Balance Accuracy

100% of financial account balances are error-free

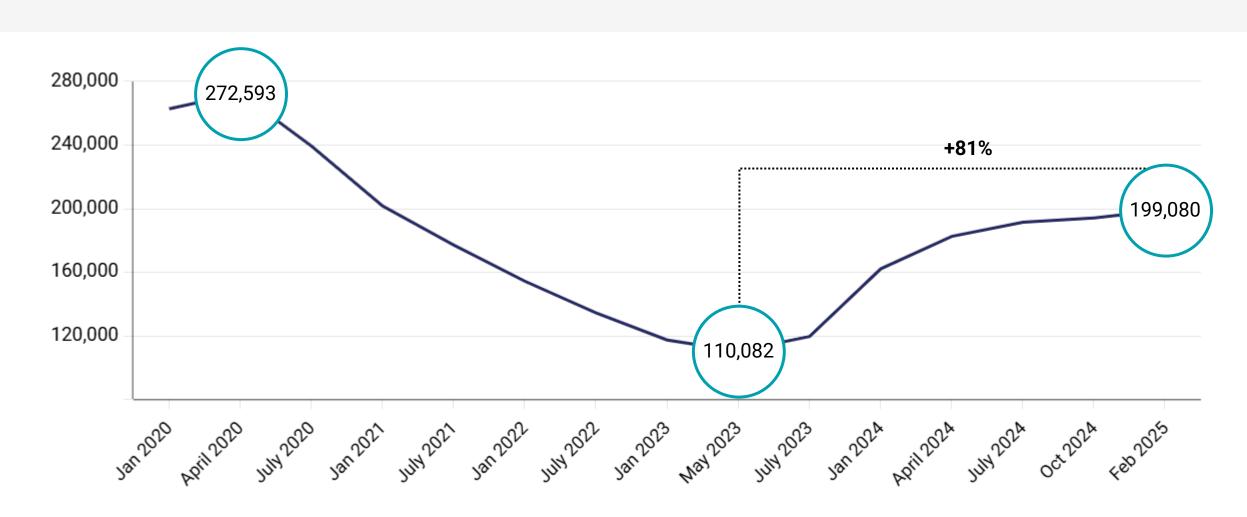
COO Report

- Federal CMS Unwinding Audit
- Enrollment



KidCare Enrollment

CMS Health Plan, Healthy Kids CHIP and Full Pay, MediKids CHIP and Full Pay



Presentation

Resources

Annual Quality Reports

Qsource 2024 Reports

Performance Guarantees

Maximus Monthly Performance Standard Reports Calendar Year 2024

KidCare Enrollment

FHKC February 2025 Enrollment Data