APPENDIX H

PPMSLP01 LAS/PBS SYSTEM
BUDGET PERIOD: 1993-2004
STATE OF FLORIDA

APPENDIX H - LONG-RANGE PROGRAM PLAN
PERFORMANCE MEASURES AND STANDARDS

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MEASURES AND STANDARDS LIST
BE NARR FY 2003-04

DEPARTMENT PROGRAM SERVICE MEASURES	FY 2001-2002 PRIOR YEAR STANDARDS	FY 2001-2002 PRIOR YEAR ACTUAL PERFORM	FY 2002-2003 CURRENT YEAR STANDARDS	FY 2003-2004 REQUESTED YEAR STANDARDS
68000000 AGENCY/HEALTH CARE ADMIN				
68200000 PGM: ADMIN AND SUPPORT				
1 Agency administrative costs as a percent of total agency costs / agency administrative positions as a percent of total agency positions	.15% / 12.64%	.13% / 12.59%	.23% / 12.13%	.13% / 13.57%
68500000 PGM: HEALTH CARE SERVICES				
68500100 CHILDREN SPECIAL HLTH CARE				
1 Percent of hospitalizations for conditions preventable by good ambulatory care	7.3%	8.41%	7.3%	8.25%
2 Percent of eligible uninsured children who receive health benefits coverage	100%	84%	100%	85%
3 Percent of children enrolled with up-to-date immunizations	85%	71.5%	85%	85%
4 Percent of compliance with the standards established in the Guidelines for Health Supervision of Children and Youth as developed by the American Academy of Pediatrics for children eligible under the program	89%	92%	89%	95%
5 Percent of families satisfied with the care provided under the program	90%	85.1%	90%	90%
6 Total number of uninsured children enrolled in Kidcare	391,662	378,858	456,505	456,505
7 Number of uninsured children enrolled in Florida Healthy Kids	255,347	243,886	316,141	316,141
8 Number of uninsured children enrolled in Medikids	29,306	30,240	41,811	41,811

DEPARTMENT PROGRAM SERVICE MEASURES	FY 2001-2002 PRIOR YEAR STANDARDS	FY 2001-2002 PRIOR YEAR ACTUAL PERFORM	FY 2002-2003 CURRENT YEAR STANDARDS	FY 2003-2004 REQUESTED YEAR STANDARDS
68000000 AGENCY/HEALTH CARE ADMIN				
68500000 PGM: HEALTH CARE SERVICES				
68500100 CHILDREN SPECIAL HLTH CARE				
9 Number of uninsured children enrolled in Children's Medical Services Network	6,328	7,546	8,816	8,816
68500200 EXECUTIVE DIR/SUPPORT SVCS				
1 Program administrative costs as a percent of total program costs	1.5%	1.6%	1.5%	1.8%
2 Average number of days between receipt of clean Medicaid claim and payment	11	14	11	14
3 Number of Medicaid claims received	127,308,211	127,955,063	132,502,283	132,502,283
68501400 MEDICAID SERV/INDIVIDUALS				
1 Percent of hospitalizations for conditions preventable by good ambulatory care	12%	9.13%	12%	10%
2 Percent of women receiving adequate prenatal care	85%	84%	85%	85%
3 Neonatal mortality rate per 1,000	4.7	4.8	4.7	4.7
4 Average number of months between pregnancies for those receiving family planning services	37.4	33.5	33.5	35.0
5 Percent of eligible children who received all required components of EPSDT screen	64%	48%	64%	50%
6 Number of children ages 1-20 enrolled in Medicaid	1,425,747	1,371,895	1,186,028	1,479,084
7 Number of children receiving EPSDT services	215,732	384,284	381,969	381,969

DEPARTMENT PROGRAM SERVICE MEASURES	FY 2001-2002 PRIOR YEAR STANDARDS	FY 2001-2002 PRIOR YEAR ACTUAL PERFORM	FY 2002-2003 CURRENT YEAR STANDARDS	FY 2003-2004 REQUESTED YEAR STANDARDS
68000000 AGENCY/HEALTH CARE ADMIN				
68500000 PGM: HEALTH CARE SERVICES				
68501400 MEDICAID SERV/INDIVIDUALS				
8 Number of hospital inpatient services provided to children	72,169	100,441	96,767	96,767
9 Number of physician services provided to children	4,457,005	6,276,567	5,941,773	5,941,773
10 Number of prescribed drugs provided to children	4,130,193	4,503,608	4,489,485	4,489,485
11 Number of hospital inpatient services provided to elders	95,930	82,117	86,056	86,056
12 Number of physician services provided to elders	1,506,999	1,590,638	1,581,083	1,581,083
13 Number of prescribed drugs provided to elders	10,584,520	11,401,819	15,686,903	15,686,903
14 Number of uninsured children enrolled in the Medicaid Expansion	11,532	12,186	4,737	4,737
15 Number of uninsured children enrolled in Medicaid as a result of outreach efforts	85,000	85,000	85,000	-----
68501500 MEDICAID LONG TERM CARE				
1 Percent of hospitalizations for conditions preventable with good ambulatory care	12.6%	14.64%	12.6%	14.5%
2 Number of case months (home and community-based services)	415,858	483,256	653,999	653,999
3 Number of case months services purchased (Nursing Home)	574,440	565,572	573,552	573,552
68501600 MEDICAID PREPAID HLTH PLAN				

DEPARTMENT PROGRAM SERVICE MEASURES	FY 2001-2002 PRIOR YEAR STANDARDS	FY 2001-2002 PRIOR YEAR ACTUAL PERFORM	FY 2002-2003 CURRENT YEAR STANDARDS	FY 2003-2004 REQUESTED YEAR STANDARDS
68000000 AGENCY/HEALTH CARE ADMIN				
68500000 PGM: HEALTH CARE SERVICES				
68501600 MEDICAID PREPAID HLTH PLAN				
1 Percent of hospitalizations for conditions preventable by good ambulatory care	14.7%	14.8%	11%	14.8%
2 Percent of women and child hospitalizations for conditions preventable with good ambulatory care	14.5%	10.17%	14.5%	12%
3 Number of case months services purchased (elderly and disabled)	1,104,960	1,351,236	1,265,304	1,465,644
4 Number of case months services purchased (families)	5,037,060	6,252,348	7,162,296	7,725,372
68700000 PGM: HLTH CARE REGULATION				
68700700 HEALTH CARE REGULATION				
1 Percent of nursing home facilities with deficiencies that pose a serious threat to the health, safety, or welfare of the public	0%	2.4%	0%	2%
2 Percent of Priority I practitioner investigations resulting in emergency action	25%	28.4%	---	---
3 Average number of days to take emergency action on Priority I practitioner investigations	90	87.1	---	---
4 Percent of initial investigations and recommendations as to the existence of probable cause completed within 180 days after receipt of complaint	85%	90.3%	---	---
5 Percent of investigations of alleged unlicensed facilities and programs that have been previously issued a cease and desist order, that are confirmed as repeated unlicensed activity	6%	0.8%	6%	6%

DEPARTMENT PROGRAM SERVICE MEASURES	FY 2001-2002 PRIOR YEAR STANDARDS	FY 2001-2002 PRIOR YEAR ACTUAL PERFORM	FY 2002-2003 CURRENT YEAR STANDARDS	FY 2003-2004 REQUESTED YEAR STANDARDS
68000000 AGENCY/HEALTH CARE ADMIN 68700000 PGM: HLTH CARE REGULATION 68700700 HEALTH CARE REGULATION				
6 Percent of Priority I consumer complaints about licensed facilities and programs that are investigated within 48 hours	100%	96.4%	100%	100%
7 Percent of accredited hospitals and ambulatory surgical centers cited for not complying with life safety, licensure or emergency access standards	9%	29.6%	9%	25%
8 Percent of validation surveys that are consistent with findings noted during the accreditation survey	98%	100%	98%	98%
9 Percent of assisted living facilities with deficiencies that pose a serious threat to the health, safety or welfare of the public	0%	2.4%	0%	2%
10 Percent of home health facilities with deficiencies that pose a serious threat to the health, safety or welfare of the public	0%	0.3%	0%	0%
11 Percent of clinical laboratories with deficiencies that pose a serious for not complying with life safety, licensure or emergency access standards	0%	0%	0%	0%
12 Percent of ambulatory surgical centers with deficiencies that pose a serious threat to the health, safety or welfare of the public	0%	0%	0%	0%
13 Percent of hospitals with deficiencies that pose a serious threat to the health, safety or welfare of the public	0%	0%	0%	0%
14 Percent of hospitals that fail to report serious incidents (agency identified)	9%	6.4%	9%	6%

DEPARTMENT PROGRAM SERVICE MEASURES	FY 2001-2002 PRIOR YEAR STANDARDS	FY 2001-2002 PRIOR YEAR ACTUAL PERFORM	FY 2002-2003 CURRENT YEAR STANDARDS	FY 2003-2004 REQUESTED YEAR STANDARDS
68000000 AGENCY/HEALTH CARE ADMIN 68700000 PGM: HLTH CARE REGULATION 68700700 HEALTH CARE REGULATION				
15 Percent of new Medicaid recipients voluntarily selecting managed care plan	50%	54%	50%	50%
16 Percent of complaints of HMO patient dumping received that are investigated	100%	100%	100%	100%
17 Percent of facility patient dumping complaints confirmed	TBD	0%	100%	0%
18 Number of complaints of facility patient dumping received that are investigated	TBD	4	3	4
19 Number of practitioner complaints determined legally sufficient	6,000	6,432	---	---
20 Number of legally sufficient practitioner complaints resolved by findings of no probable cause (nolle prosse)	1,389	647	---	---
21 Number of legally sufficient practitioner complaints resolved by findings of no probable cause (letters of guidance)	1,193	1,060	---	---
22 Number of legally sufficient practitioner complaints resolved by findings of no probable cause (notice of noncompliance)	9	15	---	---
23 Number of legally sufficient practitioner complaints resolved by findings of probable cause - (issuance of citation for minor violations)	225	256	---	---
24 Number of legally sufficient practitioner complaints resolved by findings of stipulations or informal hearings	1,500	1,489	---	---

DEPARTMENT PROGRAM SERVICE MEASURES	FY 2001-2002 PRIOR YEAR STANDARDS	FY 2001-2002 PRIOR YEAR ACTUAL PERFORM	FY 2002-2003 CURRENT YEAR STANDARDS	FY 2003-2004 REQUESTED YEAR STANDARDS
68000000 AGENCY/HEALTH CARE ADMIN 68700000 PGM: HLTH CARE REGULATION 68700700 HEALTH CARE REGULATION				
25 Number of legally sufficient practitioner complaints resolved by findings of formal hearings	30	38	---	---
26 Average number of practitioner complaint investigations per FTE	227	354	---	---
27 Number of inquiries to the call center regarding practitioner licensure and disciplinary information	25,000	34,227	34,000	34,000
28 Number of facility emergency actions taken	89	72	43	75
29 Total number of full facility quality-of-care surveys conducted	6,054	5,064	6,054	6,054
30 Average processing time (in days) for Statewide Provider and Subscriber Assistance Panel cases	58	32	58	58
31 Number of construction reviews performed (plans and construction)	4,050	4,400	3,200	4,500
32 Number of new enrollees provided choice counseling	520,000	551,344	520,000	520,000

APPENDIX I-1

APPENDIX I-1 - Identification of Services and Activities In Priority Order

SERVICES			ACTIVITIES		
Rank	Services In Priority Order	(Program)	Rank	Activities In Priority Order	FY 2002-03 Estimated Expenditures
1	Health Care Regulation	Health Care Regulation			
			1	Health Facility Regulation (Compliance, Licensure, Complaints)--Tallahassee	5,772,689
			2	Facility Field Operations (Compliance, Complaints)--Field Offices Survey Staff	19,579,103
			3	Plans and Construction	3,293,067
			4	Health Care Regulation--Medicaid Choice Counseling	7,396,751
			5	Managed Health Care	3,157,981
			6	Health Standards and Quality	9,817,122
			7	Background Screening	759,912
			8	Certificate of Need/Financial Analysis	1,303,471
			9	Subscriber Assistance Panel	695,242
			10	Organ and Tissue Donor	370,893
			11	Executive Direction	3,426,611
1	Children's Special Health Care	Health Care Services			
			1	Purchase Children's Medical Services network services	46,685,436
			2	Purchase Florida Healthy Kids Corporation services	334,628,600
			3	Purchase MediKids program services	37,397,447
			4	Executive Direction	1,383,455

SERVICES			ACTIVITIES		
Rank	Services In Priority Order	(Program)	Rank	Activities In Priority Order	FY 2002-03 Estimated Expenditures
1	Executive Direction & Support Services	Health Care Services			
			1	Medicaid Program Development	65,319,681
			2	Medicaid Program Analysis	7,175,895
			3	Medicaid Program Integrity	12,498,204
			4	Fiscal Agent Contract	68,739,340
			5	Medicaid Field Operations	19,774,600
			6	Third Party Liability	4,630,364
			7	Medicaid Contracting	7,457,436
			8	Kidcare Administration & Support	189,713
			9	Medicaid Choice Counseling	1,433,829
1	Medicaid Services to Individuals	Health Care Services			
				Elderly & Disabled/Fee for Service/MediPass	
			3	Physician Services	204,603,667
			4	Early Periodic Screening Diagnosis and Treatment	8,606,545
			6	Prescribed Medicines	1,624,908,299
			7	Hospital Inpatient	1,247,906,454
			9	Hospital Outpatient	185,962,669
			14	Therapeutic Services for Children	50,216,155
			15	Private Duty Nursing	135,323,232

SERVICES			ACTIVITIES		
Rank	Services In Priority Order	(Program)	Rank	Activities In Priority Order	FY 2002-03 Estimated Expenditures
			16	Home Health Services	76,838,598
			18	Patient Transportation	80,312,551
			20	Hospital Insurance Benefit	96,981,810
			21	Supplemental Medical Insurance	448,683,495
			22	Hospice	119,469,017
			25	Case Management	60,590,062
			27	Other	203,698,307
	Medicaid Services to Individuals	Health Care Services			
				Women and Children/Fee for Service/MediPass	
			1	Physician Services	296,148,090
			2	Early Periodic Screening Diagnosis and Treatment	100,967,328
			5	Prescribed Medicines	222,720,257
			8	Hospital Inpatient	710,797,857
			10	Hospital Outpatient	217,945,743
			11	Therapeutic Services for Children	124,459,854
			12	Case Management	6,685,282
			13	Clinic Services	47,501,150
			17	Patient Transportation	16,145,726
			19	School Based Services	50,000,000

SERVICES			ACTIVITIES		
Rank	Services In Priority Order	(Program)	Rank	Activities In Priority Order	FY 2002-03 Estimated Expenditures
			23	Supplemental Medical Insurance	667,709
			24	Home Health Services	10,646,874
			26	Other	160,520,758
	Medicaid Services to Individuals	Health Care Services			
				Medically Needy	
			28	Hospital Inpatient	116,181,299
			29	Prescribed Medicines	128,860,739
			30	Physician Services	20,306,324
			31	Hospital Outpatient	23,054,686
			32	Patient Transportation	1,987,348
			33	Home Health Services	1,577,724
			34	Early Periodic Screening Diagnosis and Treatment	624,957
			35	Supplemental Medical Insurance	7,501,928
			36	Therapeutic Services for Children	66,494
			37	Case Management	812,344
			38	Other	16,595,795
	Medicaid Services to Individuals	Health Care Services			
				Refugees	
			39	Physician Services	2,651,865

SERVICES			ACTIVITIES		
Rank	Services In Priority Order	(Program)	Rank	Activities In Priority Order	FY 2002-03 Estimated Expenditures
			40	Early Periodic Screening Diagnosis and Treatment	308,392
			41	Prescribed Medicines	2,890,526
			42	Hospital Inpatient	2,556,064
			43	Hospital Outpatient	1,244,157
			44	Therapeutic Services for Children	81,136
			45	Patient Transportation	141,422
			46	Case Management	8,655
			47	Home Health Services	85,250
			48	Adult Dental, Vision and Hearing	242,255
			49	Other	930,287
2	Medicaid Long Term Care	Health Care Services			
			1	Nursing Home Care	2,167,696,927
			2	Home and Community Based Services	837,315,060
			3	Capitated Nursing Home Diversion Waiver	28,105,613
			4	Developmentally Disabled--Sunland Centers	140,541,224
			5	Mental Health Disproportionate Share Program	53,362,198
			6	Other	73,803,337

SERVICES			ACTIVITIES		
Rank	Services In Priority Order	(Program)	Rank	Activities In Priority Order	FY 2002-03 Estimated Expenditures
2	Medicaid Prepaid Health Plan	Health Care Services			
				Women and Children/HMO	
			1	Prepaid Health Plans--Families	708,212,791
				Elderly and Disabled/HMO	
			2	Prepaid Health Plans--Elderly & Disabled	539,643,828
2	Administration and Support	Administration & Support			
			1	Executive Direction	1,117,318
			2	General Counsel/Legal	4,204,355
			3	Inspector General	990,117
			4	Planning and Budgeting	362,698
			5	Finance and Accounting	1,995,476
			6	Procurement	212,921
			7	Contract Administration	226,697
			8	Grants Management	297,806
			9	External Affairs	1,649,990
			10	General Services Administration	334,094
			11	Personnel Services/Human Resources	626,232
			12	Director of Administration	269,493
			13	Information Technology/Executive Director	129,590
			14	Information Technology/Desktop Support	3,282,728
			15	Information Technology/Application Development/Support	3,239,732
			16	Information Technology/Network Operations	907,128
			17	Information Technology/Computer Operations	388,767

SERVICES			ACTIVITIES		
Rank	Services In Priority Order	(Program)	Rank	Activities In Priority Order	FY 2002-03 Estimated Expenditures
			18	State Center for Health Statistics	2,241,854
			19	Information Technology/Administrative Services	518,356
			20	Training	103,697
			21	Mail Room	165,992

APPENDIX I-2

APPENDIX I-2 - Identification of Activities In Priority Order				
Rank	Activities In Priority Order	FY 2002-2003 Estimated Expenditures	Associated Service	Associated Program
1	Health Facility Regulation (Compliance, Licensure, Complaints)--Tallahassee	5,772,689	Health Care Regulation	Health Care Regulation
2	Facility Field Operations (Compliance, Complaints)--Field Offices Survey Staff	19,579,103	Health Care Regulation	Health Care Regulation
3	Executive Direction	3,426,611	Health Care Regulation	Health Care Regulation
4	Purchase Florida Health Kids Corp Services	334,628,600	Children's Special Health Care	Health Care Services
5	Purchase Children's Medical Services Network Services	46,685,436	Children's Special Health Care	Health Care Services
6	Purchase MediKids Program Services	37,397,447	Children's Special Health Care	Health Care Services
7	Women & Children/Fee for Service/MediPass--Physician Services	296,148,090	Medicaid Services to Individuals	Health Care Services
8	Elderly & Disabled/Fee for Service/MediPass--Physician Services	204,603,667	Medicaid Services to Individuals	Health Care Services
9	Women & Children/Fee for Service/MediPass--Early Periodic Screening Diagnosis & Treatment	100,967,328	Medicaid Services to Individuals	Health Care Services
10	Elderly & Disabled/Fee for Service/MediPass--Early Periodic Screening Diagnosis & Treatment	8,606,545	Medicaid Services to Individuals	Health Care Services
11	Elderly & Disabled/Fee for Service/MediPass--Prescribed Medicines	1,624,908,299	Medicaid Services to Individuals	Health Care Services
12	Women & Children/Fee for Service/MediPass--Prescribed Medicines	222,720,257	Medicaid Services to Individuals	Health Care Services
13	Women & Children/Fee for Service/MediPass--Hospital Inpatient	710,797,857	Medicaid Services to Individuals	Health Care Services

Rank	Activities In Priority Order	FY 2002-2003 Estimated Expenditures	Associated Service	Associated Program
14	Elderly & Disabled/Fee for Service/MediPass--Hospital Inpatient	1,247,906,454	Medicaid Services to Individuals	Health Care Services
15	Women & Children/Fee for Service/MediPass--Hospital Outpatient	217,945,743	Medicaid Services to Individuals	Health Care Services
16	Elderly & Disabled/Fee for Service/MediPass--Hospital Outpatient	185,962,669	Medicaid Services to Individuals	Health Care Services
17	Women & Children/Fee for Service/MediPass--Therapeutic Services for Children	124,459,854	Medicaid Services to Individuals	Health Care Services
18	Elderly & Disabled/Fee for Service/MediPass--Therapeutic Services for Children	50,216,155	Medicaid Services to Individuals	Health Care Services
19	Women & Children/Fee for Service/MediPass--Case Management	6,685,282	Medicaid Services to Individuals	Health Care Services
20	Women & Children/Fee for Service/MediPass--Clinic Services	47,501,150	Medicaid Services to Individuals	Health Care Services
21	Executive Direction	1,383,455	Executive Direction & Support Services	Health Care Services
22	Medicaid Program Development	65,319,681	Executive Direction & Support Services	Health Care Services
23	Medicaid Program Analysis	7,175,895	Executive Direction & Support Services	Health Care Services
24	Medicaid Program Integrity	12,498,204	Executive Direction & Support Services	Health Care Services
25	Fiscal Agent Contract	68,739,340	Executive Direction & Support Services	Health Care Services
26	Medicaid Field Operations	19,774,600	Executive Direction & Support Services	Health Care Services
27	Medicaid Contracting	7,457,436	Executive Direction & Support Services	Health Care Services
28	Kidcare Administration and Support	189,713	Executive Direction & Support Services	Health Care Services
29	Medicaid Choice Counseling	1,433,829	Executive Direction & Support Services	Health Care Services
30	Plans and Construction	3,293,067	Health Care Regulation	Health Care Regulation
31	Managed Health Care	3,157,981	Health Care Regulation	Health Care Regulation
32	Health Standards and Quality	9,817,122	Health Care Regulation	Health Care Regulation

Rank	Activities In Priority Order	FY 2002-2003 Estimated Expenditures	Associated Service	Associated Program
33	Nursing Home Care	2,167,696,927	Medicaid Long Term Care	Health Care Services
34	Home & Community Based Services	837,315,060	Medicaid Long Term Care	Health Care Services
35	Capitated Nursing Home Diversion Waiver	28,105,613	Medicaid Long Term Care	Health Care Services
36	Intermediate Care Facilities for Developmentally Disabled--Sunland Centers	140,541,224	Medicaid Long Term Care	Health Care Services
37	Mental Health Disproportionate Share Program	53,362,198	Medicaid Long Term Care	Health Care Services
38	Refugees--Case Management	8,655	Medicaid Services to Individuals	Health Care Services
39	Refugees--Home Health Services	85,250	Medicaid Services to Individuals	Health Care Services
40	Women & Children/HMO Prepaid Health Plans--Families	708,212,791	Medicaid Prepaid Health Plan	Health Care Services
41	Elderly & Disabled/HMO Prepaid Health Plans--Elderly & Disabled	539,643,828	Medicaid Prepaid Health Plan	Health Care Services
42	Executive Direction	1,117,318	Administration & Support	Administration & Support
43	General Counsel/Legal	4,204,355	Administration & Support	Administration & Support
44	Inspector General	990,117	Administration & Support	Administration & Support
45	Planning and Budgeting	362,698	Administration & Support	Administration & Support
46	Finance and Accounting	1,995,476	Administration & Support	Administration & Support
47	Procurement	212,921	Administration & Support	Administration & Support
48	Contract Administration	226,697	Administration & Support	Administration & Support
49	Grants Management	297,806	Administration & Support	Administration & Support
50	External Affairs	1,649,990	Administration & Support	Administration & Support
51	General Services Administration	334,094	Administration & Support	Administration & Support
52	Personnel Services/Human Resources	626,232	Administration & Support	Administration & Support

Rank	Activities In Priority Order	FY 2002-2003 Estimated Expenditures	Associated Service	Associated Program
53	Director of Administration	269,493	Administration & Support	Administration & Support
54	Health Care Regulation--Medicaid Choice Counseling	7,396,751	Health Care Regulation	Health Care Regulation
55	Background Screening	759,912	Health Care Regulation	Health Care Regulation
56	Subscriber Assistance Panel	695,242	Health Care Regulation	Health Care Regulation
57	Organ and Tissue Donor	370,893	Health Care Regulation	Health Care Regulation
58	Elderly & Disabled/Fee for Service/MediPass--Private Duty Nursing	135,323,232	Medicaid Services to Individuals	Health Care Services
59	Elderly & Disabled/Fee for Service/MediPass--Home Health Services	76,838,598	Medicaid Services to Individuals	Health Care Services
60	Elderly & Disabled/Fee for Service/MediPass--Patient Transportation	80,312,551	Medicaid Services to Individuals	Health Care Services
61	Elderly & Disabled/Fee for Service/MediPass--Hospital Insurance Benefit	96,981,810	Medicaid Services to Individuals	Health Care Services
62	Elderly & Disabled/Fee for Service/MediPass--Supplemental Medical Insurance	448,683,495	Medicaid Services to Individuals	Health Care Services
63	Elderly & Disabled/Fee for Service/MediPass--Hospice	119,469,017	Medicaid Services to Individuals	Health Care Services
64	Elderly & Disabled/Fee for Service/MediPass--Case Management	60,590,062	Medicaid Services to Individuals	Health Care Services
65	Women & Children/Fee for Service/MediPass--Patient Transportation	16,145,726	Medicaid Services to Individuals	Health Care Services
66	Women & Children/Fee for Service/MediPass--School Based Services	50,000,000	Medicaid Services to Individuals	Health Care Services
67	Women & Children/Fee for Service/MediPass--Supplemental Medical Insurance	667,709	Medicaid Services to Individuals	Health Care Services
68	Women & Children/Fee for Service/MediPass--Home Health Services	10,646,874	Medicaid Services to Individuals	Health Care Services

Rank	Activities In Priority Order	FY 2002-2003 Estimated Expenditures	Associated Service	Associated Program
69	Information Technology--Executive Director	129,590	Administration & Support	Administration & Support
70	Information Technology--Desktop Support	3,282,728	Administration & Support	Administration & Support
71	Information Technology--Application Development/Support	3,239,732	Administration & Support	Administration & Support
72	Information Technology--Network Operations	907,128	Administration & Support	Administration & Support
73	Information Technology--Computer Operations	388,767	Administration & Support	Administration & Support
74	Information Technology--Administrative Services	518,356	Administration & Support	Administration & Support
75	Training	103,697	Administration & Support	Administration & Support
76	State Center for Health Statistics	2,241,854	Administration & Support	Administration & Support
77	Third Party Liability	4,630,364	Executive Direction & Support Services	Health Care Services
78	Certificate of Need/Financial Analysis	1,303,471	Health Care Regulation	Health Care Regulation
79	Elderly & Disabled/Fee for Service/MediPass--Other	203,698,307	Medicaid Services to Individuals	Health Care Services
80	Women & Children/Fee for Service/MediPass--Other	160,520,758	Medicaid Services to Individuals	Health Care Services
81	Other	73,803,337	Medicaid Long Term Care	Health Care Services
82	Medically Needy--Prescribed Medicines	128,860,739	Medicaid Services to Individuals	Health Care Services
83	Medically Needy--Therapeutic Services for Children	66,494	Medicaid Services to Individuals	Health Care Services
84	Medically Needy--Case Management	812,344	Medicaid Services to Individuals	Health Care Services
85	Refugees--Physician Services	2,651,865	Medicaid Services to Individuals	Health Care Services
86	Refugees--Prescribed Medicines	2,890,526	Medicaid Services to Individuals	Health Care Services
87	Refugees--Early Periodic Screening Diagnosis & Treatment	308,392	Medicaid Services to Individuals	Health Care Services
88	Refugees--Hospital Inpatient	2,556,064	Medicaid Services to Individuals	Health Care Services
89	Refugees--Hospital Outpatient	1,244,157	Medicaid Services to Individuals	Health Care Services

Rank	Activities In Priority Order	FY 2002-2003 Estimated Expenditures	Associated Service	Associated Program
90	Refugees--Therapeutic Services for Children	81,136	Medicaid Services to Individuals	Health Care Services
91	Medically Needy-Physician Services	20,306,324	Medicaid Services to Individuals	Health Care Services
92	Medically Needy--Hospital Outpatient	23,054,686	Medicaid Services to Individuals	Health Care Services
93	Medically Needy--Home Health Services	1,577,724	Medicaid Services to Individuals	Health Care Services
94	Medically Needy--Early Periodic Screening Diagnosis & Treatment	624,957	Medicaid Services to Individuals	Health Care Services
95	Medically Needy--Supplemental Medical Insurance	7,501,928	Medicaid Services to Individuals	Health Care Services
96	Refugees--Other	930,287	Medicaid Services to Individuals	Health Care Services
97	Medically Needy--Other	16,595,795	Medicaid Services to Individuals	Health Care Services
98	Refugees--Patient Transportation	141,422	Medicaid Services to Individuals	Health Care Services
99	Refugees--Adult Dental, Vision, and Hearing	242,255	Medicaid Services to Individuals	Health Care Services
100	Medically Needy--Patient Transportation	1,987,348	Medicaid Services to Individuals	Health Care Services
101	Medically Needy--Hospital Inpatient	116,181,299	Medicaid Services to Individuals	Health Care Services
102	Mail Room	165,992	Administration & Support	Administration & Support

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APPENDIX J

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Children's Special Health Care

MEASURE: Percent of hospitalizations for conditions preventable with good ambulatory care
ACTION:

_X_ Performance Assessment of Outcome Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
7.3%	8.41%	1.11%	15.21%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

____ Personnel Factors
____ Competing Priorities
____ Previous Estimate Incorrect
____ Staff Capacity
____ Level of Training
_X_ Others (Identify)

Explanation: The actual performance has improved. It improved 6% from last year. Disease management initiatives started later than originally anticipated. The rate dropped for diabetes conditions considered ambulatory sensitive for which Medicaid started a disease management initiative. However, the percentage and number of hospitalizations for asthma rose despite the

overall decline in ambulatory-sensitive hospitalizations. The new standard is more reasonable and feasible.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
__X__ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
__X__ Other (Identify)

Explanation: Rates declined for both the Medicaid and non-Medicaid population even though caseloads increased. It suggested the Agency was improving the performance and that the disease management program implemented is effective. However, the rates dropped because the new recipients may have been healthier in terms of other hospitalizations.

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify)

Recommendations: The Agency is working with FACCT, hired by the Centers for Medicare and Medicaid Services (CMS) to revise measures for children and the measures currently used for all ages. FACCT believes in the need to be different for this population. The Agency is obtaining the services of a Peer Review Organization to examine specific reasons for the hospitalizations that will allow better targeting to reduce levels.

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to measures or standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Children's Special Health Care

MEASURE: Percent of eligible uninsured children who receive health benefits coverage

ACTION:

_X_ Performance Assessment of Outcome Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
100%	84%	16%	16%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply) NA

____ Personnel Factors
____ Competing Priorities
____ Previous Estimate Incorrect
____ Staff Capacity
____ Level of Training
____ Others (Identify)

Explanation: External factors: (Check all that apply)

____ Resources Unavailable
____ Legal/Legislative Change
____ Natural Disaster

_____ Technological Problems
__X__ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
__X__ Other (Identify)

Explanation: Eligible uninsured children are changing from time to time due to mobility of the population. People chose not to be insured due to culture nature, unwilling to pay premium or other reasons. This measure is very weak due to the different factors mentioned plus the difficulty in factoring in income disregard, as well as immigration status. The number of uninsured children is continuing to grow according to CPS data, despite increases in public coverage. Reasons include: Florida is a growth state and a drop in the percentage of children covered by private insurance according to the CPS (most likely as a result of the economic downturn). The net result is the percentage of uninsured children was lower in 2001 than the prior year, although numbers in KidCare coverage rose dramatically. Using a more recent study by the University of Florida from late 2001 to 2002 would show an even lower penetration rate.

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify)

Recommendations: The Agency continues to work with DOH on outreach program to increase the enrollment for eligible uninsured children.

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Children's Special Health Care

MEASURE: Percent of children enrolled with up-to-date immunizations

ACTION:

_X_ Performance Assessment of Outcome Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
85%	71.5%	13.5%	15.9%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

____ Personnel Factors
____ Competing Priorities
____ Previous Estimate Incorrect
____ Staff Capacity
____ Level of Training
_X_ Others (Identify)

Explanation: The survey methodology from KidCare evaluation has been changed; therefore the rate is the lowest for the established enrollees. Parent report was used to assess compliance with the APP's recommendations for children's immunizations. The reader should exercise

caution when interpreting data based on parent report, given that survey respondents may experience memory lapses, or may make errors in reporting the services their children have received. Another consideration in interpreting these data is the fact that children in Florida who attend school are required to prove that they are compliant with AAP guidelines before they can enroll. Thus, the majority of school-aged children should be compliant, though their parents may not report this during interview.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify)

Recommendations: For this year, a different method of computation was used to determine compliance than what was used in previous years. Overall, more stringent adherence to the APP's recommended schedule was required to render a child compliant. Other changes were made in coding as well, to provide a more comprehensive picture of compliance. Although some program components show slight drops in compliance, it's likely that these drops are not statistically significant. Furthermore, errors in parent report are likely to be the cause of these drops in compliance. The Agency hopes to receive more accurate parent report in the future.

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to measures or standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Children's Special Health Care

MEASURE: Percent of compliance with the standards established in the Guidelines for Health Supervision of Children and Youth as developed by the American Academy of Pediatrics for children eligible under the program.

ACTION:

_X_ Performance Assessment of Outcome Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
_X_ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
89%	92%	3%	3.4%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

____ Personnel Factors
_X_ Competing Priorities
____ Previous Estimate Incorrect
____ Staff Capacity
____ Level of Training
____ Others (Identify)

Explanation: The Agency and its partners in KidCare have put priority on increasing coverage for children and exceeded the performance levels. Thus, last year the Agency raised the performance level to 89%, and raised to 95% this year.

External factors: (Check all that apply) Not Applicable since the Agency exceeded performance.

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program: None are needed as the Agency is exceeding performance targets originally set. However, the Agency strives continually to improve performance.

_____ Training
_____ Personnel
_____ Technology
_____ Other (Identify)

Recommendations: NA

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Children's Special Health Care

MEASURE: Percent of families satisfied with the care provided under the program
ACTION:

_X_ Performance Assessment of Outcome Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
90%	85.1%	4.9%	5.4%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

____ Personnel Factors
____ Competing Priorities
____ Previous Estimate Incorrect
____ Staff Capacity
____ Level of Training
_X_ Others (Identify)

Explanation: The Agency and its partners in KidCare have put priority on increasing coverage for children and improving the quality of care. Thus, last year the Agency raised the performance level to 90%. The rate remained about the same level as last year, and was 5% below the target.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify)

Recommendations: The data was from survey; there are no significant changes in families' responses to the health care questions, and satisfaction results presented are descriptive only. Many factors influence satisfaction with care including the children's health status and families' socio-demographic characteristics. Future reports will contain the results of multivariate analyses designed to examine the factors influencing families' satisfaction with the KidCare program.

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Children's Special Health Care

MEASURE: Total number of uninsured children enrolled in KidCare

ACTION:

__X__ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
391,662	378,858	(12,804)	-3.27%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
__X__ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation: This output measurement is the overall number of children enrolled in the Florida KidCare Program that includes Florida Healthy Kids, MediKids, the Children's Medical Services Network, and a portion of Medicaid. The standard was based on the estimated number of

children that would be enrolled by the end of the year. The Florida Healthy Kids program component output standard was not met.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify) The difference is insignificant. Outreach efforts are continuing to inform parents about the KidCare Program.

Recommendations:

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Children's Special Health Care

MEASURE: Number of uninsured children enrolled in Florida Healthy Kids

ACTION:

_X_ Performance Assessment of Output Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
255,347	243,886	(11,461)	-4.49%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

____ Personnel Factors
____ Competing Priorities
_X_ Previous Estimate Incorrect
____ Staff Capacity
____ Level of Training
____ Others (Identify)

Explanation: This output measurement is the number of children enrolled in the Florida Healthy Kids Program component of the Florida KidCare Program based on the estimated number of children that would be enrolled by the end of the year. The Florida Healthy Kids

program component output standard based on an estimate of the number of children that could be enrolled in the year was not met.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify) The difference is insignificant. Outreach efforts are continuing to inform parents about the Florida Healthy Kids Program. Enrollment is expected to continue to grow.

Recommendations: NA

Explanation for Revision or Deletion of Measure: N/A

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Children's Special Health Care

MEASURE: Number of uninsured children enrolled in MediKids

ACTION:

__X__ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
29,306	30,240	934	3.19%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
__X__ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation: This output measurement is the number of children enrolled in the MediKids component of the Florida KidCare Program based on the estimated number of children that would be enrolled by the end of the year. The enrollment standard was exceeded, but the difference is insignificant.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify) Outreach efforts are continuing to inform parents about MediKids and the Florida KidCare Program. Enrollment is expected to continue to grow.

Recommendations: NA

Explanation for Revision or Deletion of Measure: N/A

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Children's Special Health Care

MEASURE: Number of uninsured children enrolled in the Children's Medical Services Network

ACTION:

__X__ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
6,328	7,546	1,218	19.25%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
__X__ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation: This output measurement is the number of children enrolled in the Children's Medical Services Network component of the Florida KidCare Program based on the estimated number of children that would be enrolled by the end of the year.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify) Outreach efforts are continuing to inform parents about MediKids and the Florida KidCare Program. Enrollment is expected to continue to grow.

Recommendations: NA

Explanation for Revision or Deletion of Measure: N/A

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to measures or standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Executive Leadership and Support Services

MEASURE: Program administrative costs as a percent of total program costs

ACTION:

_X_ Performance Assessment of Outcome Measure (complete entire form)
___ Revision of Measure (complete explanation at bottom of form only)
___ Deletion of Measure (complete explanation at bottom of form only)
_X_ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
1.5%	1.6%	(0.1%)	(6.7%)

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

___ Personnel Factors
___ Competing Priorities
_X_ Previous Estimate Incorrect
___ Staff Capacity
___ Level of Training
___ Others (Identify)

Explanation: When the baseline standard was set it was based on the federal definition of administrative to service costs Title XXI expenditures in which they participated. The Governor's office instructions included some items for which Title XXI match is not obtained,

thus the rate was higher. In general, Florida has one of the lowest administrative to service rates in the nation. The new target is more appropriate given the methodology for calculation.

External factors: (Check all that apply) Not Applicable

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation: **Not Applicable**

Management Efforts to Address Difference/Program:

_____ Training
__X__ Personnel
_____ Technology
__X__ Other (Identify)

Recommendations: The Agency eliminated positions and will continue to privatize issues which should reduce administrative to program cost. Even if it does not do so, the Agency is becoming more efficient in that it assumed more functions such as Healthy Start and other waivers without any new staff or administrative expenditures.

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Executive Direction and Support Services

MEASURE: Average number of days between receipt of clean Medicaid claim and payment

ACTION:

__X__ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
11	14	3	27.27%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
_____ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation:

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
__X__ Other (Identify)

Explanation: Medicaid claims are processed for payment by a fiscal agent under contract with the Agency. Claims are submitted either electronically or on paper. Electronic claims are paid on average within 11 days. Paper claims take approximately 15 days. The time between receipt and payments also depends on the payment cycle. Payments are made once a week.

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify) As the number of claims submitted electronically continues to grow, the average time between receipt and payment should decrease.

Recommendations: The Agency and the contractor continue to encourage electronic claim filing and provider assistance and training is provided.

Explanation for Revision or Deletion of Measure: N/A

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Executive Direction and Support Services

MEASURE: Number of Medicaid claims received

ACTION:

__X__ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
127,308,211	127,955,063	646,852	0.51%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
__X__ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation: The difference is insignificant. Claims will continue to increase as the number of Medicaid beneficiaries increase and additional services are added.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify) The standard was based on estimates presented at the February 2001 Social Services Estimating Conference applied to the historical trends of claims per service per beneficiary eligibility group. The estimate was lower than the actual utilization. Beneficiary and utilization estimates are reviewed by the Social Services Estimating Conference two or three times each year. The historical data and reflected trends are updated at each conference.

Recommendations: Not applicable

Explanation for Revision or Deletion of Measure: N/A

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to measures or standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Services for Individuals

MEASURE: Percent of hospitalizations that are preventable with good ambulatory care

ACTION:

_X_ Performance Assessment of Outcome Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
12%	9.13%	(2.87%)	(24%)

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply) NA

_____ Personnel Factors
_____ Competing Priorities
_____ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation: External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster

_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
__X__ Other (Identify)

Explanation: Rate was lower because the new recipients may have been healthier. Disease management is targeted at conditions for which good ambulatory care can prevent hospitalizations.

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify)

Recommendations: The Agency is working to improve its disease management program. As part of the Agency's efforts to control spending, Pfizer Inc. is providing additional services without charge in lieu of additional drug discounts. The services offered by Pfizer Inc. should improve rates. Pfizer Inc. will also target those recently hospitalized for selected ambulatory sensitive conditions to improve care and compliance and thus prevent future hospitalizations. The rate has improved 24% from the previous year. The lower rate is better performance in this measure. However, the rate was always above 10% before, the Agency believes that the target of 10% for next year is achievable.

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Services to Individuals

MEASURE: Percent of women receiving adequate prenatal care

ACTION:

_X_ Performance Assessment of Output Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
85%	84%	1%	1.2%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

____ Personnel Factors
____ Competing Priorities
____ Previous Estimate Incorrect
____ Staff Capacity
____ Level of Training
_X_ Others (Identify)

Explanation: The statewide rate at which Medicaid women receive adequate prenatal care, as measured by the Adequacy of Prenatal Care unit Index (Kotelchuck APNCU index), improved from 83.6% in FY 00-01 to 83.8% in FY 01-02, which is 1.2% below the standard. Although the gap between private-pay and Medicaid narrowed in FY 00-01 for the percent of women

receiving inadequate prenatal care, the rate was still more than four rimes greater for Medicaid than for non-Medicaid women (16.2% versus 3.9%). The rate of inadequate care was 21.3% for women on cash assistance, compared to 12.9% for those eligible for Medicaid during pregnancy.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__Other (Identify)

Recommendations: The Agency will continue to educate women to receive the adequate prenatal care during pregnancy through the Family Planning Waiver, Healthy Start Waiver and other related programs.

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

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AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Services to Individuals

MEASURE: Neonatal mortality rate per 1,000
ACTION:

__X__ Performance Assessment of Outcome Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
4.7	4.8	(0.1)	(2.1%)

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
_____ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
__X__ Others (Identify)

Explanation: With initiation of the Healthy Start Program, operated by the Department of Health, neonatal mortality rates declined. Because of the price increases, intensity of service declined. However, rates declined for both those served by Medicaid and overall. Although it's 2.1% below the target, neonatal mortality rate has declined 5% from previous year. Medicaid requested a federal waiver to obtain additional funding, it should continue improving to meet the target.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
__X__ Other (Identify)

Explanation: The Agency did not receive federal approval to match state expenditures under this program until 2001.

Management Efforts to Address Difference/Program: The Agency is moving ahead to increase funding and has implemented a program under the waiver to manage the care of women only eligible for Medicaid while pregnant. Previously these women had been served fee-for service.

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify)

Recommendations:

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

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AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Services to Individuals

MEASURE: Average number of months between pregnancies for those receiving family planning services

ACTION:

__X__ Performance Assessment of Outcome Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
__X__ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
37.4	33.5	(3.9)	(10.43%)

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

____ Personnel Factors
____ Competing Priorities
__X__ Previous Estimate Incorrect
__X__ Staff Capacity
____ Level of Training
____ Others (Identify)

Explanation: Florida implemented the family planning waiver, but it takes a while for the effects to appear in the data. The measure was originally based on those receiving family planning services, not all in Medicaid. When the measure was changed to reflect what could be

accurately measured, the target was not adjusted accordingly. In reality Medicaid has improved on this number over the years. The rate is almost three percentage points higher than when it was first measured. The new target is more feasible.

External factors: (Check all that apply) NA

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify)

Recommendations: Change the indicator to reflect the improved level of performance already achieved.

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

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AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Services to Individuals

MEASURE: Percent of eligible children who received all required components of EPSDT screen

ACTION:

_X_ Performance Assessment of Outcome Measure (complete entire form)
___ Revision of Measure (complete explanation at bottom of form only)
___ Deletion of Measure (complete explanation at bottom of form only)
_X_ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
64%	48%	(16%)	(25%)

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

___ Personnel Factors
___ Competing Priorities
_X_ Previous Estimate Incorrect
___ Staff Capacity
___ Level of Training
_X_ Others (Identify)

Explanation: The original estimate included un-audited data from pre-paid health plans. Based on audited data the estimate was too high. In addition, there was a decline in fee-for

service. Physicians continue to bill for a comprehensive office visit, which pays more if a problem is detected. Also, the audit standards are less for comprehensive audit visits. In fact, it has improved 6.7% compared to last year. New standard is more feasible.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
__X__ Other (Identify)

Explanation: Data may not reflect the actual rate. Many pre-paid plans capitate providers. Although the pre-paid plans require providers to report rates, the incentive to report is limited even when the provider pays a bonus. The federal EPSDT guidelines do not conform to billing requirements for regular pediatric care. CHAPS surveys of recipients indicate that they are receiving well childcare.

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify)

Recommendations: Pre-paid plans have been requested to develop corrective action plans and will be fined if they continue to not meet standards. The Agency continues to educate physicians about the need to complete the program and recipients about the need to get well child check ups, the new name of the program.

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

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AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Services to Individuals

MEASURE: Number of children ages 1-20 enrolled in Medicaid

ACTION:

__X__ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
1,425,747	1,371,895	(53,852)	-3.78%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
__X__ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation: This measurement is the number of children enrolled for any period of time during the year. The standard was based on estimates presented at the February 2001 Social Services Estimating Conference applied to the historical percentage of children enrolled in each beneficiary eligibility group. The estimate was slightly higher than the actual enrollment.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify) The difference is insignificant. The enrollment estimates are reviewed by the Social Services Estimating Conference two or three times each year. The historical data and reflected trends are updated at each conference.

Recommendations: None

Explanation for Revision or Deletion of Measure: N/A

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Services to Individuals

MEASURE: Number of children receiving EPSDT services

ACTION:

__X__ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
215,732	384,284	168,552	78.13%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
__X__ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation: This measurement is the number of children who receive a child health check-up during the year. The standard was based on estimates presented at the February 2001 Social Services Estimating Conference applied to the historical percentage of children receiving the service. The estimate was lower than the actual utilization.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify) Beneficiary and utilization estimates are reviewed by the Social Services Estimating Conference two or three times each year. The historical data and reflected trends are updated at each conference.

Recommendations: None

Explanation for Revision or Deletion of Measure: N/A

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Services to Individuals

MEASURE: Number of hospital inpatient services provided to children

ACTION:

__X__ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
72,169	100,441	28,272	39.17%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
__X__ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation: This measurement is the number of hospital admissions for children during the year. The standard was based on estimates presented at the February 2001 Social Services Estimating Conference applied to the historical percentage of children receiving the service. The estimate was lower than the actual utilization.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify) Beneficiary and utilization estimates are reviewed by the Social Services Estimating Conference two or three times each year. The historical data and reflected trends are updated at each conference.

Recommendations: None

Explanation for Revision or Deletion of Measure: N/A

PERFORMANCE MEASURE ASSESSMENT FORM

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AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Services to Individuals

MEASURE: Number of physician services provided to children

ACTION:

__X__ Performance Assessment of Outcome Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
4,457,005	6,276,567	1,819,562	40.82%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
__X__ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation: This measurement is the number of physician services provided to children during the year. The standard was based on estimates presented at the February 2001 Social Services Estimating Conference applied to the historical percentage of children receiving the service. The estimate was lower than the actual utilization.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify) Beneficiary and utilization estimates are reviewed by the Social Services Estimating Conference two or three times each year. The historical data and reflected trends are updated at each conference.

Recommendations: None

Explanation for Revision or Deletion of Measure: N/A

PERFORMANCE MEASURE ASSESSMENT FORM

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AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Services to Individuals

MEASURE: Number of prescribed drugs provided to children

ACTION:

__X__ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
4,130,193	4,503,608	373,415	9.04%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
__X___ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation: This measurement is the prescribed drug services provided to children during the year. The standard was based on estimates presented at the February 2001 Social Services Estimating Conference applied to the historical percentage of children receiving the service. The estimate was lower than the actual utilization.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify) Beneficiary and utilization estimates are reviewed by the Social Services Estimating Conference two or three times each year. The historical data and reflected trends are updated at each conference.

Recommendations: None

Explanation for Revision or Deletion of Measure: N/A

PERFORMANCE MEASURE ASSESSMENT FORM

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AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Services to Individuals

MEASURE: Number of hospital inpatient services provided to elders

ACTION:

__X__ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
95,930	82,117	(13,813)	-14.40%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
__X__ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation: This measurement is the number of hospital admissions for elder beneficiaries during the year. The standard was based on estimates presented at the February 2001 Social Services Estimating Conference applied to the historical percentage of elders receiving the service. The estimate was higher than the actual utilization.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify) Beneficiary and utilization estimates are reviewed by the Social Services Estimating Conference two or three times each year. The historical data and reflected trends are updated at each conference.

Recommendations: None

Explanation for Revision or Deletion of Measure: N/A

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Services to Individuals

MEASURE: Number of physician services provided to elders

ACTION:

__X__ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
1,506,999	1,590,638	86,639	5.55%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
__X__ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation: This measurement is the number of physician services provided to elder beneficiaries the year. The standard was based on estimates presented at the February 2001 Social Services Estimating Conference applied to the historical percentage of elders receiving the service. The estimate was lower than the actual utilization.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify) Beneficiary and utilization estimates are reviewed by the Social Services Estimating Conference two or three times each year. The historical data and reflected trends are updated at each conference.

Recommendations: None

Explanation for Revision or Deletion of Measure: N/A

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Services to Individuals

MEASURE: Number of prescribed drugs provided to elders

ACTION:

__X__ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
10,584,520	11,401,819	817,299	7.72%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
__X___ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation: This measurement is of the prescribed drug services provided to elder beneficiaries the year. The standard was based on estimates presented at the February 2001 Social Services Estimating Conference applied to the historical percentage of elders receiving the service. The estimate was lower than the actual utilization.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify) Beneficiary and utilization estimates are reviewed by the Social Services Estimating Conference two or three times each year. The historical data and reflected trends are updated at each conference.

Recommendations: None

Explanation for Revision or Deletion of Measure: N/A

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Services to Individuals

MEASURE: Number of uninsured children enrolled in the Medicaid expansion

ACTION:

__X__ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
__X__ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
11,532	12,186	654	5.67%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
__X__ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation: This output measurement is the number of children enrolled in the Medicaid expansion component of the Florida KidCare Program based on the estimated highest number of children that would be enrolled during the year. The Medicaid expansion includes teenagers born before October 1, 1983, who are under age 19 with family incomes up to 100% of the

federal poverty level. The expansion also includes infants and children up to age one with family incomes above 185% but at or less than 200% of the federal poverty level. The enrollment standard was exceeded, but the difference is insignificant.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify) Outreach efforts are continuing to inform parents about Medicaid and the Florida KidCare Program. Enrollment for the teenagers under the program will end in October 2002.

Recommendations: None

Explanation for Revision or Deletion of Measure: N/A

Enrollment for the teenagers under the program will end in October 2002.

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Services to Individuals

MEASURE: Number of uninsured children enrolled in the Medicaid as a result of outreach efforts

ACTION:

_____ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
__X__ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
85,000	85,000	0	0%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
_____ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation:

External factors: (Check all that apply) Not Applicable since the Agency exceeded performance.

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
_____ Other (Identify) .

Recommendations: None

Explanation for Revision or Deletion of Measure: This output measurement is the number of children enrolled in Medicaid as a result of outreach efforts for the Florida KidCare Program and Medicaid. The standard is based on the estimated impact when the funding was first provided in FY 1998-99. The number of children enrolled in Medicaid has continued to increase. However, there is no way to currently measure the increase in Medicaid enrollment due to outreach. The actual shown above is based on the original estimate/appropriation.

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Long Term Care

MEASURE: Percent of hospitalizations for conditions preventable with good ambulatory care
ACTION:

_X_ Performance Assessment of Outcome Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
12.6%	14.64%	2.04%	16.2%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

____ Personnel Factors
____ Competing Priorities
____ Previous Estimate Incorrect
____ Staff Capacity
____ Level of Training
_X_ Others (Identify)

Explanation: The target was set relative to other populations and does not reflect the experience with the elderly population. Disease management programs were delayed in implementation, thus it is not surprising that rates did not meet expectations. Rates improved 6% from FY 99-00. Rates were lower than the previous year (15.6%) and baseline year (17.6%). Disease

management is targeted at conditions for which good ambulatory care can prevent hospitalizations.

External factors: (Check all that apply) NA

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify)

Recommendations: The Agency is working to improve its disease management program. As part of the Agency's efforts to control spending, Pfizer Inc. is providing additional services without charge in lieu of additional drug discounts. The services offered by Pfizer Inc. should improve rates. Pfizer Inc. is offering a health literacy program for two conditions, which if improperly treated or there is patient non-compliance, results in hospitalization. Pfizer Inc. will also target those recently hospitalized for selected ambulatory sensitive conditions to improve care and compliance and thus prevent future hospitalizations. Results will not be reflected in the data for another year.

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Long Term Care

MEASURE: Number of case months (home and community-based services)

ACTION:

_X_ Performance Assessment of Output Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
415,858	483,256	67,398	16.21%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

____ Personnel Factors
____ Competing Priorities
_X_ Previous Estimate Incorrect
____ Staff Capacity
____ Level of Training
____ Others (Identify)

Explanation: This measurement is the case months for the beneficiaries of home and community-based services during the year. The standard was based on estimates presented at the

February 2001 Social Services Estimating Conference applied to the historical percentage of beneficiaries receiving the service. The estimate was lower than the actual utilization.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify) Beneficiary and utilization estimates are reviewed by the Social Services Estimating Conference two or three times each year. The historical data and reflected trends are updated at each conference.

Recommendations: None

Explanation for Revision or Deletion of Measure: Not Applicable

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Long Term Care

MEASURE: Number of case months services purchased (Nursing Home)

ACTION:

__X__ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
574,440	565,572	(8,868)	-1.54%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
__X__ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation: This measurement is the case months for the beneficiaries of nursing home care during the year. The standard was based on estimates presented at the February 2001 Social Services Estimating Conference applied to the historical percentage of beneficiaries receiving the service. The estimate was higher than the actual utilization.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify) Beneficiary and utilization estimates are reviewed by the Social Services Estimating Conference two or three times each year. The historical data and reflected trends are updated at each conference.

Recommendations: None

Explanation for Revision or Deletion of Measure: Not Applicable

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to measures or standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Prepaid Health Plan

MEASURE: Percent of hospitalizations for conditions preventable by good ambulatory care

ACTION:

__X__ Performance Assessment of Outcome Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
14.7%	14.8%	0.1%	6.8%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply) NA

_____ Personnel Factors
_____ Competing Priorities
_____ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation: External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster

_____ Technological Problems
__X__ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
__X__ Other (Identify)

Explanation: Medicaid enrollment increased. Rates were slightly higher than the standard.

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify)

Recommendations: The Agency is monitoring HMO performance. The Agency is working to improve its disease management program. As part of the Agency's efforts to control spending, Pfizer Inc. is providing additional services without charge in lieu of additional drug discounts. The services offered by Pfizer Inc. should improve rates. Pfizer Inc. will also target those recently hospitalized for selected ambulatory sensitive conditions to improve care and compliance and thus prevent future hospitalizations.

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to measures or standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Prepaid Health Plan

MEASURE: Percent of women and child hospitalizations for conditions preventable with good ambulatory care

ACTION:

_X_ Performance Assessment of Outcome Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
14.2%	14.9%	.7%	4.9%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply) NA

____ Personnel Factors
____ Competing Priorities
____ Previous Estimate Incorrect
____ Staff Capacity
____ Level of Training
____ Others (Identify)

Explanation: External factors: (Check all that apply)

____ Resources Unavailable
____ Legal/Legislative Change

_____ Natural Disaster
_____ Technological Problems
__X__ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
__X__ Other (Identify)

Explanation: Medicaid enrollment of women and children increased and other Medicaid programs serving this population also experienced increased rates. Rates were higher than for other programs.

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify)

Recommendations: The Agency is monitoring HMO performance.

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Prepaid Health Plans

MEASURE: Number of case months services purchased (elderly and disabled)

ACTION:

__X__ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
1,104,960	1,351,236	246,276	22.29%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
__X__ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation: This measurement is the case months of elderly and disabled Medicaid beneficiaries enrolled in health maintenance organizations and prepaid health plans during the year. The standard was based on estimates presented at the February 2001 Social Services

Estimating Conference applied to the historical percentage of beneficiaries receiving the service. The estimate was lower than the actual utilization.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
___X___ Other (Identify) Beneficiary and utilization estimates are reviewed by the Social Services Estimating Conference two or three times each year. The historical data and reflected trends are updated at each conference.

Recommendations: None

Explanation for Revision or Deletion of Measure: Not Applicable

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Services

SERVICES: Medicaid Prepaid Health Plans

MEASURE: Number of case months services purchased (families)

ACTION:

__X__ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
5,037,060	6,252,348	1,215,288	24.13%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
__X__ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Others (Identify)

Explanation: This measurement is the case months of families (primarily women and children) enrolled in Medicaid health maintenance organizations and prepaid health plans during the year. The standard was based on estimates presented at the February 2001 Social Services Estimating

Conference applied to the historical percentage of beneficiaries receiving the service. The estimate was lower than the actual utilization.

External factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
__X__ Other (Identify) Beneficiary and utilization estimates are reviewed by the Social Services Estimating Conference two or three times each year. The historical data and reflected trends are updated at each conference.

Recommendations: None

Explanation for Revision or Deletion of Measure: Not Applicable

PERFORMANCE MEASURE ASSESSMENT FORM

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AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Regulation

SERVICE: Health Care Regulation

MEASURE: Percent of nursing home facilities with deficiencies that pose a serious threat to the health, safety, or welfare of the public.

ACTION:

_X_ Performance Assessment of Outcome Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
_X_ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-02 GAA Standard	Actual FY 2001-02 Performance Results	Difference (Over/Under)	Percentage Difference
0%	2.4%	2.4%	2.4%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

____ Personnel Factors
____ Competing Priorities
____ Previous Estimate Incorrect
____ Staff Capacity
____ Level of Training
_X_ Other (Identify)

Explanation:

AHCA identified facilities whose history showed a lack of compliance and commitment to quality resident care and immediately increased field surveying and monitoring problem facilities through teams of specially trained surveyors. As these facilities are closed or brought into compliance, there will be fewer instances of serious deficiencies.

External Factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems:

_____ Training
_____ Personnel
_____ Technology
_____ Other (Identify)

Recommendations:

Explanation for Revision or Deletion of Measure:
While it may be reasonable to have a goal of 0%, it is completely unreasonable to expect 0% of nursing homes will have no deficiencies that pose a threat to life. Simple human error is not something that can always be controlled, no matter how great the effort. Also, while it may be an indicator of workload, and possibly the effectiveness of regulation, it cannot be the sole responsibility of AHCA. The monitors notwithstanding, the fact that the Agency notes deficiencies should not be held against the Agency. Consequently, 0% is an unreasonable standard in any situation. Historically, 5% of nursing homes surveyed could be found to have deficiencies that pose a serious threat to the health, safety or welfare of the public. However, Section 27 of SB 1202 requires the agency to conduct onsite reviews of nursing homes every three months while the facility has a conditional license status. Additional monitoring of troubled facilities should reduce this from 5% to 2% for FY 2002–03.

PERFORMANCE MEASURE ASSESSMENT FORM

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AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Regulation

SERVICE: Health Care Regulation

MEASURE: Percent of investigations of alleged unlicensed facilities and programs that have been previously issued a cease and desist order, that are confirmed as repeated unlicensed activity.

ACTION:

_X_ Performance Assessment of Outcome Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-02 GAA Standard	Actual FY 2001-02 Performance Results	Difference (Over/Under)	Percentage Difference
6%	0.8%	5.2%	86.7%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

____ Personnel Factors
____ Competing Priorities
____ Previous Estimate Incorrect
____ Staff Capacity
____ Level of Training
_X_ Other (Identify)

Explanation:

The Agency is committed to protecting its customers through the investigation of all reports of unlicensed activity followed by facility closure or facility compliance with applicable standards. As these facilities are closed or brought into compliance, there will be fewer instances of repeat unlicensed activities. A decrease in this measure demonstrates the Agency's commitment to ensuring quality of care and services through compliance with minimum standards.

External Factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems:

____ Training
____ Personnel
____ Technology
____ Other (Identify)

Recommendations:

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

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AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Regulation

SERVICE: Health Care Regulation

MEASURE: Percent of Priority I consumer complaints about licensed facilities and programs that are investigated within 48 hours.

ACTION:

_X_ Performance Assessment of Outcome Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-02 GAA Standard	Actual FY 2001-02 Performance Results	Difference (Over/Under)	Percentage Difference
100%	96.4%	(3.6%)	3.6%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_X_ Personnel Factors
____ Competing Priorities
____ Previous Estimate Incorrect
____ Staff Capacity
_X_ Level of Training
____ Other (Identify)

Explanation:
Monitoring of compliance with time frames, personnel changes, and area office accountability resulted in nearly 100% compliance with this measure.

External Factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems:

____ Training
____ Personnel
____ Technology
____ Other (Identify)

Recommendations:

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

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AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Regulation

SERVICE: Health Care Regulation

MEASURE: Percent of accredited hospitals and ambulatory surgical centers cited for not complying with life safety, licensure, or emergency access standards.

ACTION:

_X_ Performance Assessment of Outcome Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
_X_ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-02 GAA Standard	Actual FY 2001-02 Performance Results	Difference (Over/Under)	Percentage Difference
9%	29.6%	20.6%	228.9%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

____ Personnel Factors
____ Competing Priorities
____ Previous Estimate Incorrect
____ Staff Capacity
____ Level of Training
_X_ Other (Identify)

Explanation:
While the numbers of accredited hospitals and ambulatory surgical centers remain constant, the number of times these facilities were inspected greatly increased. During FY 1999-00, there were 655 complaint investigations at 200 facilities. In FY 2000-01 there were 1,137 complaint investigations at 248 facilities. The trend continued in FY 2001-02 with 1,070 complaints at 241 facilities. Each complaint may result in deficiencies that include any and all deficiencies from minor to severe. A requested increase to 25% should be more in line with the expected outcomes.

External Factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems:

____ Training
____ Personnel
____ Technology
____ Other (Identify)

Recommendations:

Explanation for Revision or Deletion of Measure:
While the numbers of accredited hospitals and ambulatory surgical centers remain constant, the number of times these facilities were inspected greatly increased. During FY 1999-00, there were 655 complaint investigations at 200 facilities. In FY 2000-01 there were 1,137 complaint investigations at 248 facilities. The trend continued in FY 2001-02 with 1,070 complaints at 241 facilities. Each complaint may result in deficiencies that include any and all deficiencies from minor to severe. A requested increase to 25% should be more in line with the expected outcomes.

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Regulation

SERVICE: Health Care Regulation

MEASURE: Percent of assisted living facilities with deficiencies that pose a serious threat to the health, safety, or welfare of the public.

ACTION:

_X_ Performance Assessment of Outcome Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
_X_ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-02 GAA Standard	Actual FY 2001-02 Performance Results	Difference (Over/Under)	Percentage Difference
0%	2.4%	2.4%	2.4%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

____ Personnel Factors
____ Competing Priorities
____ Previous Estimate Incorrect
____ Staff Capacity
____ Level of Training
_X_ Other (Identify)

Explanation:
AHCA identified facilities whose history showed a lack of compliance and commitment to quality resident care and immediately increased field surveying and monitoring problem facilities through teams of specially trained surveyors. As these facilities are closed or brought into compliance, there will be fewer instances of serious deficiencies

External Factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems:

_____ Training
_____ Personnel
_____ Technology
_____ Other (Identify)

Recommendations:

Explanation for Revision or Deletion of Measure:
Historically, 5% of assisted living facilities surveyed could be found to have deficiencies that pose a serious threat to the health, safety or welfare of the public. However, section 33 of SB 1202 amends s. 400.407, F.S., to increase the frequency of visits for ALFs licensed to provide extended congregate care services from 2 times per year to quarterly and assisted living facilities that provide limited nursing services from once to twice a year. Additional monitoring of troubled facilities should reduce this from 5% to 2% for FY 2002–03.

PERFORMANCE MEASURE ASSESSMENT FORM

INSTRUCTIONS: This form is intended to serve as a report on progress for approved *outcome/output* measures during the most recently completed fiscal year. Agencies must provide explanations for differences between standards established in the General Appropriations Act or Implementing Bill and actual performance of the prior fiscal year. In addition, the form is submitted when requesting revisions to performance measures or performance standards.

AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Regulation

SERVICE: Health Care Regulation

MEASURE: Percent of home health facilities with deficiencies that pose a serious threat to the health, safety, or welfare of the public.

ACTION:

_X_ Performance Assessment of Outcome Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-02 GAA Standard	Actual FY 2001-02 Performance Results	Difference (Over/Under)	Percentage Difference
0%	0.3%	0.3%	0.3%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

____ Personnel Factors
____ Competing Priorities
____ Previous Estimate Incorrect
____ Staff Capacity
____ Level of Training
_X_ Other (Identify)

Explanation:
AHCA identified facilities whose history showed a lack of compliance and commitment to quality resident care and immediately increased field surveying and monitoring problem facilities through teams of specially trained surveyors. As these facilities are closed or brought into compliance, there will be fewer instances of serious deficiencies.

External Factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems:

_____ Training
_____ Personnel
_____ Technology
_____ Other (Identify)

Recommendations:

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

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AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Regulation

SERVICE: Health Care Regulation

MEASURE: Percent of hospitals that fail to report serious incidents (Agency identified)

ACTION:

_X_ Performance Assessment of Outcome Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
_X_ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
9%	6.4%	(2.6%)	29%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_X_ Personnel Factors
_X_ Competing Priorities
_X_ Previous Estimate Incorrect
____ Staff Capacity
_X_ Level of Training
____ Others (Identify)

Explanation:
Surveyor turnover and level of training continue to be factors in not identifying more instances of facility non-reporting.

Agency priorities continue to be focused on long term care issues as dictated by the federal priorities and state legislative requirements and funding sources of the agency. This may result in limited survey time for risk management surveys and fewer identified cases of facility failure to report.

The actual identified number for 2000-2001 was 48 of 783 for a 6.1%, with 2001-2002 being 61 of 953 for 6.4%. These numbers are more consistent with a target goal of 6% rather than the initial established goal of 9%, which was established without realistic reference.

External factors: (Check all that apply) Not Applicable since the Agency exceeded performance.

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
_____ Other (Identify)

Recommendations:

Explanation for Revision or Deletion of Measure:
As indicated on last year's evaluation, this program is for both hospital and ambulatory surgical center and the reported numbers reflect both hospital and ambulatory surgical center surveys and related citations for failure to report.

The actual identified number for 2000-2001 was 48 of 783 for 6.1%, with 2001-2002 being 61 of 953 for 6.4%. These numbers are more consistent with a target goal of 6% rather than the initial established goal of 9% (initial goal was established without realistic reference).

This measure does not realistically evaluate the performance of the program. The level of reporting is such that by concentration of survey efforts (i.e. dedication of additional survey resources) could produce any target percentage that the agency would establish. In spite of the foregoing, not meeting the goal, the identified percentage for non-reporting could be interpreted as "good" viewed from the standpoint that better regulatory efforts have produced better rates of compliance. It could also be interpreted as "bad" if viewed as insufficient agency efforts to regulate the licensed facilities.

PERFORMANCE MEASURE ASSESSMENT FORM

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AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Regulation

SERVICE: Health Care Regulation

MEASURE: Percent of facility patient dumping complaints confirmed.

ACTION:
_X_ Performance Assessment of Outcome Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
_X_ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-02 GAA Standard	Actual FY 2001-02 Performance Results	Difference (Over/Under)	Percentage Difference
TBD	0%	N/A	N/A

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

____ Personnel Factors
____ Competing Priorities
____ Previous Estimate Incorrect
____ Staff Capacity
____ Level of Training
_X_ Other (Identify)

Explanation:

External Factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems:

____ Training
____ Personnel
____ Technology
____ Other (Identify)

Recommendations:

Explanation for Revision or Deletion of Measure:
The Agency anticipates having no confirmed complaints of facility patient dumping. The Agency requests adjustment accordingly.

There is no basis to set a standard for this measure. Patient dumping (discharge on the basis of payment source) constitutes illegal discrimination and is virtually impossible to prove with sufficient evidence to pass the administrative hearing test. Facilities are well aware that the law forbids discharging patients on the basis of their payment sources—Medicare or Medicaid. In every case the agency has found, when a patient or relative claims that the facility has discharged the patient on the basis of payment source, there are other, entirely legitimate reasons for the discharge. Most frequently, the reason for the discharge is that the facility does not have the capacity or ability to care for the resident/patient, which is an entirely appropriate reason for discharge. Another less frequent issue is that the resident is a private pay resident who has failed to pay charges legitimately due the facility. Provided appropriate notice has been given in either case, the discharge is neither illegal nor inappropriate.

PERFORMANCE MEASURE ASSESSMENT FORM

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AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Regulation

SERVICE: Health Care Regulation

MEASURE: Number of complaints of facility patient dumping received that are investigated.

ACTION:

_____ Performance Assessment of Outcome Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_X_ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-02 GAA Standard	Actual FY 2001-02 Performance Results	Difference (Over/Under)	Percentage Difference
TBD	4	N/A	N/A

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
_____ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_____ Other (Identify)

Explanation:

External Factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_X_ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems:

____ Training
____ Personnel
____ Technology
____ Other (Identify)

Recommendations:

Explanation for Revision or Deletion of Measure:
The Agency has noted that 4 complaints appear to be the average number investigated and anticipates 4 complaints for Fiscal Year 2002-03 and Fiscal Year 2003-04.

PERFORMANCE MEASURE ASSESSMENT FORM

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AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Regulation

SERVICE: Health Care Regulation

MEASURE: Number of facility emergency actions taken.

ACTION:

_X_ Performance Assessment of Output Measure (complete entire form)
____ Revision of Measure (complete explanation at bottom of form only)
____ Deletion of Measure (complete explanation at bottom of form only)
_X_ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2000-01 GAA Standard	Actual FY 2000-01 Performance Results	Difference (Over/Under)	Percentage Difference
89	72	(17)	20%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

____ Personnel Factors
____ Competing Priorities
____ Previous Estimate Incorrect
____ Staff Capacity
____ Level of Training
_X_ Other (Identify)

Explanation:
Original confusion relative to this measure has been resolved. All actions are now centrally collected in the General Counsel's office and entered into FRAES for accurate and consistent reporting of actions imposed during the period. We believe that the number of emergency actions should decrease over time.

External Factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems:

___ Training
___ Personnel
___ Technology
___ Other (Identify)

Recommendations:

Explanation for <u>Revision</u> or Deletion of Measure:
Original confusion relative to this measure has been resolved. All actions are now centrally collected in the General Counsel's office and entered into FRAES for accurate and consistent reporting of actions imposed during the period. We believe that the number of emergency actions should decrease over time.

PERFORMANCE MEASURE ASSESSMENT FORM

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AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Regulation

SERVICE: Health Care Regulation

MEASURE: Total number of full facility quality-of-care surveys conducted.

ACTION:

_X_ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-02 GAA Standard	Actual FY 2001-02 Performance Results	Difference (Over/Under)	Percentage Difference
6,054	5,064	(990)	16.4%

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
_____ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
_X_ Other (Identify)

Explanation:
This measure is defined as the number of full facility quality-of-care surveys. These surveys include initial, validation and renewal licensure and certification surveys. While the number of health care facilities continues to increase, variations in re-licensure and re-certification survey cycles results in a more or less constant number of full facility surveys for the past 2 fiscal years. For example, although the number of home health agencies has increased, these agencies may be surveyed every 12 to 36 months; nursing homes are on a 6 to 15 month cycle.

External Factors: (Check all that apply)

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems:

____ Training
____ Personnel
____ Technology
____ Other (Identify)

Recommendations:

Explanation for Revision or Deletion of Measure:

PERFORMANCE MEASURE ASSESSMENT FORM

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AGENCY: Agency for Health Care Administration

PROGRAM: Health Care Regulation

SERVICES: Health Care Regulation

MEASURE: Average Processing Time (in days) for Statewide Provider and Subscriber Assistance Panel cases

ACTION:

__X__ Performance Assessment of Output Measure (complete entire form)
_____ Revision of Measure (complete explanation at bottom of form only)
_____ Deletion of Measure (complete explanation at bottom of form only)
_____ Adjustment of GAA Performance Standards (complete entire form, where appropriate)

Approved FY 2001-2002 GAA Standard	Actual FY 2001-2002 Performance Results	Difference (Over/Under)	Percentage Difference
58	32	(26) Under Standard	44.8 %

FACTORS ACCOUNTING FOR THE DIFFERENCE:

Internal Factors: (Check all that apply)

_____ Personnel Factors
_____ Competing Priorities
_____ Previous Estimate Incorrect
_____ Staff Capacity
_____ Level of Training
__X__ Others (Identify)

Explanation: Improved and streamlined internal processes resulted in improved efficiency in this instance.

External factors: (Check all that apply) Not Applicable since the Agency exceeded performance.

_____ Resources Unavailable
_____ Legal/Legislative Change
_____ Natural Disaster
_____ Technological Problems
_____ Target Population Change
_____ This Program/Service Cannot Fix The Problem
_____ Current Laws Are Working Against the Agency Mission
_____ Other (Identify)

Explanation: No external factors affected improvement.

Management Efforts to Address Difference/Program:

_____ Training
_____ Personnel
_____ Technology
_____ Other (Identify)

Recommendations: NA

Explanation for Revision or Deletion of Measure: