

**Florida Health Choices
Proposed Deliverables**

**Institute for Child Health Policy
University of Florida
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Deliverable 1 (2012): Data Warehouse: The Institute for Child Health Policy (ICHP) proposes to conduct an evaluation of Florida Health Choices, Inc. that focuses on clients' experiences with the application and enrollment process, access to care, and quality of care. As outlined in the original proposal, ICHP will create the databases and build the data warehouse for Florida Health Choices. This work will comprise the first deliverable and will be achieved through intake of the enrollment and claims/encounter, and pharmacy data.

Deliverable 1 Timeline: Creation of Data Warehouse infrastructure will begin in July, 2012. Data will be accepted into the Warehouse beginning January, 2013.

Deliverable 2 (2012): Focus Groups with Insurance Agents: The insurance industry in Florida holds an annual conference in the summer months, which provides a central location and enhances convenience for insurance agents to participate in focus groups. The purpose of the focus groups is to meet with insurance agents in small group settings to better understand their attitudes toward and any barriers related to participating with Florida Health Choices. The participants also will be asked about strategies to enhance collaboration with Florida Health Choices. ICHP will work with Florida Health Choices to identify potential focus group participants among the insurance agents and issue invitations. All focus group sessions will be transcribed, themes analyzed, and a report issued to Florida Health Choices.

Deliverable 2 Timeline: Focus Group Report, October 2012.

Deliverable 3 (2013): Enrollment and Health Status Reports: The initial reports will focus on enrollment patterns and enrollee health status. An enrollment report will be created monthly with quarterly and annual summaries describing the characteristics of the enrollees using the variables in the enrollment file. These variables include sociodemographic, employment information, and months enrolled, among others. ICHP will use geocoding to geocode members at the census tract level.

When six months of data are available (and allowing for a three month claims lag), ICHP will use the Clinical Risk Groups or another classification system to categorize the enrollees' health status. The enrollees' health status will be compared to those of adults enrolled in Medicaid and to those insured by other payers using available state and national datasets. Information about the health status of the enrollees is critical for ongoing program planning related to care management and health care expenditures.

Deliverable 3 Timeline: Enrollment reports will be produced beginning in February, 2013. The first health status reports will be produced in September 2013 (6 months of claims with a 3 month lag).

Deliverable 4: Analysis of Participating Employers: Using information from Florida Health Choices and enrollment files about participating employers, ICHP will prepare a report characterizing the types of employers (type of business, business size, location, and other information that can be obtained from publicly available reports). ICHP will compare businesses who participate to those who do not using publicly available information. In addition, ICHP will identify a random sample of participating and non-participating businesses and invite them to participate in online, written, or telephone surveys about their reasons for participating or not. The sample size will be determined once the number of participating businesses is known.

Deliverables 4 Timeline: January through April 2013.

Deliverable 5: Quality of Care, Potentially Preventable Events, and Health Care Use Reports (2013 and 2014): It will take at least 15 months to have sufficient health care claims and encounter data to conduct analyses related to health care use and quality of care (12 months of data plus a 3 month lag). Therefore deliverables related to health care use and quality will be provided during Project Year 2. Once there is 15 months of claims/encounter and pharmacy data and sufficient numbers of enrollees who meet the criteria for various quality of care measures, ICHP will calculate HEDIS® measures (non-Hybrid) and also use the 3M Health Information System (HIS) software to calculate potentially preventable admissions, readmissions, and emergency room visits. ICHP will also calculate overall health care use and expenditure patterns. All potentially preventable event and health care use information will be risk-adjusted for enrollee health status.

In addition, ICHP will calculate HEDIS measures using the administrative data. The measures will include both primary care (Adult Access to Primary Care Providers, Cervical Cancer Screening, Breast Cancer Screening and others) and chronic care (Comprehensive Diabetes Care, Management of Cardiovascular Disease, Appropriate Use of Asthma Medication, and others). Measures or components of measures that rely on medical record review will only be conducted as funds are available through other grant sources. Examples of measures relying on medical record review (hybrid measures) include: HbA1c levels, LDL-C levels, Controlling High Blood Pressure). These reports will be produced annually.

Deliverables 5 Timeline: Initial health care use and potentially preventable events reports will be calculated when 6 months of data with a 3 month lag are available. This will be approximately in September 2013. HEDIS measures require one year of data with a three month lag. Therefore reports on the quality of care using HEDIS measures will not be available until May 2014.