



## Medicaid Reform: Beneficiaries Earn Enhanced Benefits Credits But Spend Only a Small Proportion

### *at a glance*

The Medicaid Reform enhanced benefits account program rewards beneficiaries for participating in activities that can improve their health. Beneficiaries can earn credits up to \$125 per year which are maintained in individual enhanced benefits accounts. Beneficiaries can earn these credits in a variety of ways including keeping doctor appointments, taking preventive measures such as mammograms and immunizations, and participating in disease management or other activities to improve their health such as smoking cessation and weight-loss programs. Beneficiaries can redeem their credits at participating Medicaid pharmacies to purchase health-related products. From September 2006 through April 2008, beneficiaries had earned credits totaling nearly \$13.8 million and had redeemed about \$1.6 million (11.4%) of this amount for health-related products.

Stakeholders are concerned that some Reform beneficiaries are unaware of the program or may find it difficult to redeem earned credits. In addition, the program design may not adequately support long-term change in healthy behaviors. While the Agency for Health Care Administration has taken steps to improve beneficiaries' awareness, additional operational and program design challenges remain.

### Medicaid Reform

The 2005 Legislature authorized the Agency for Health Care Administration (AHCA) to reform the state Medicaid program with the intent of improving health outcomes of Medicaid beneficiaries and achieving budget predictability.<sup>1</sup> AHCA obtained a federal waiver and legislative approval to implement a managed care pilot program, which began providing services to Medicaid beneficiaries in Broward and Duval counties in September 2006. AHCA expanded the pilot to Baker, Clay, and Nassau counties in September 2007.<sup>2</sup> AHCA will need legislative approval to expand Medicaid Reform beyond these five counties.<sup>3</sup>

The major premise of Medicaid Reform is to improve health care services by giving managed care health plans flexibility to better meet the specific needs of Medicaid beneficiaries and to promote competition among these plans. Under Medicaid Reform, health plans can develop customized benefits packages for different beneficiary groups. Medicaid Reform is intended to empower beneficiaries by offering them more

<sup>1</sup> Chapter 2005-133, *Laws of Florida*.

<sup>2</sup> AHCA received approval to implement an 1115 Research and Demonstration Waiver application from the Centers for Medicare and Medicaid Services in October 2005. The Legislature approved implementation of the waiver in December 2005 (Chapter 2005-358, *Laws of Florida*).

<sup>3</sup> Chapter 2005-358, *Laws of Florida*, established a goal of statewide implementation by June 2011 in accordance with waiver requirements but requires AHCA to obtain legislative approval to expand implementation beyond the pilot sites.

managed care options and encouraging them to take an active role in their health care. Medicaid Reform beneficiaries receive detailed information on their health plan choices and assistance from specially trained choice counselors to help them select a Reform plan that best fits their needs. Beneficiaries can earn monetary credits for participating in certain healthy behaviors that they can use to purchase health-related products.

Participation in Medicaid Reform in the pilot counties is mandatory for certain low-income children and families and aged and disabled beneficiaries. These include families who have incomes at or below 23% of the federal poverty level, children who live in families that earn up to 200% of the federal poverty level (depending on the children’s ages), and individuals who are age 65 and older or disabled and receive federal Supplemental Security Income.<sup>4</sup> Other beneficiaries may choose to participate in Medicaid Reform, including children in foster care, individuals with developmental disabilities, and Medicare beneficiaries who are also eligible for Medicaid (dual eligibles).

As required by Chapter 2005-133, *Laws of Florida*, this is one of a series of reports presenting the results of OPPAGA’s evaluation of the Medicaid Reform managed care pilot programs. This report reviews the enhanced benefits account program and addresses four questions.

- What is Medicaid Reform’s enhanced benefits account program?
- How does AHCA fund enhanced benefits credits and what has it cost to administer the enhanced benefits account program?
- How many beneficiaries have earned credit, for what healthy activities, and how do beneficiaries use their credits?
- What issues have stakeholders raised about the program and how is AHCA addressing these concerns?

## Questions and Answers —

### *What is Medicaid Reform’s enhanced benefits account program?*

The enhanced benefits account program is a component of Medicaid Reform that rewards beneficiaries for participating in activities that can improve their health. AHCA automatically enrolls all Medicaid Reform beneficiaries in the enhanced benefits account program and sends them information about the program after they choose a Reform health plan. By participating in certain healthy activities, Reform health plan beneficiaries can earn credits up to \$125 per year which are maintained in individual enhanced benefits accounts.

Exhibit 1 shows the activities for which beneficiaries can earn credit, the amount of credit they can earn, and the number of times they can earn credit for each activity each year. Beneficiaries earn credits by keeping doctor appointments; receiving preventive care such as dental cleanings, mammograms, and needed immunizations; and participating in chronic disease management programs. Beneficiaries can also earn credits by participating in activities intended to improve their health such as alcohol treatment and exercise programs.

Earning credit for activities such as keeping appointments and receiving preventive services including mammograms and dental cleanings is fairly easy and straightforward for beneficiaries. These activities are typically one-time behaviors and beneficiaries can rely on their health plans to use claims data to identify qualifying behaviors and to electronically submit the information to AHCA to determine their credits.

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<sup>4</sup> In 2008, 23% of the federal poverty level is \$4,048 per year for a family of three; 100% of the federal poverty level is \$17,600 for a family of three; and 200% of the federal poverty level for a family of three is \$35,200.

**Exhibit 1  
Medicaid Reform Beneficiaries Can Earn Enhanced Benefits Account Credits by Participating in Activities to Improve Their Health**

Healthy Behavior/Activity	Credit Earned	Behavior Limit per Year
<b>Children: Preventive</b>		
Dental Exam	\$25.00	2
Vision Exam	25.00	1
Preventive Care (screening and immunizations)	25.00	Any combination, up to 5
Wellness Visits	25.00	
Keeps all primary care appointments	25.00	
<b>Adults: Preventive</b>		
Keeps all primary care appointments	\$15.00	2
Mammography Screening	25.00	1
PAP Screening	25.00	1
Colorectal Screening	25.00	1
Vision Exam	25.00	1
Dental Cleaning (Preventive Service)	15.00	2
<b>Health Improvement/Treatment Compliance</b>		
Disease Management: Participation	\$25.00	1
Alcohol/Drug Treatment Program:		
Participation	25.00	1
6-Month Success	15.00	2
Smoking Cessation Program:		
Participation	25.00	1
6-Month Success	15.00	2
Weight Loss Program:		
Participation	25.00	1
6-Month Success	15.00	2
Exercise Program:		
Participation	25.00	1
6-Month Success	15.00	2
Flu Shot, When Recommended	25.00	1
Quarterly Compliance with Each Maintenance Medication <sup>1</sup>	7.50	4

<sup>1</sup> Beneficiaries can earn maintenance medication credits for up to four different prescriptions filled each quarter, for total credits of up to \$120 per year.

Source: Agency for Health Care Administration.

However, earning credit is not as simple or direct for beneficiaries who engage in disease management and other health improvement activities. To receive credit for these activities, beneficiaries must meet their Reform plans' specific criteria, which can include maintaining participation over time.<sup>5</sup> (Appendix A

<sup>5</sup> For disease management and healthy activities such as weight loss and smoking cessation programs, AHCA asked Reform health plans to establish their own criteria for awarding credits to beneficiaries.

summarizes Reform health plans' criteria.) Also, because plans generally do not provide health improvement activities, beneficiaries must obtain these services on their own.<sup>6,7</sup> In addition, beneficiaries must document their participation in health improvement and some disease management programs by completing a standard form developed by AHCA and submitting this form to their health plan.<sup>8</sup>

Beneficiaries can redeem their earned credits once AHCA posts them to their individual enhanced benefits accounts.<sup>9</sup> However, because of established billing and reporting cycles, it can take 30 to 90 days from the time a beneficiary has completed a healthy activity for AHCA to post credits to their accounts.<sup>10</sup> Beneficiaries receive account statements each month that detail earned credits, purchases, and credit balances. Beneficiaries can use their earned credits to purchase health-related products such as over-the-counter medications, vitamin and nutritional supplements, first aid supplies, and personal care products for themselves or their families. Beneficiaries redeem credits using their Medicaid identification cards at the pharmacy counters of Medicaid-participating pharmacies.

<sup>6</sup> Some plans reported they will assist beneficiaries in identifying local resources.

<sup>7</sup> AHCA does not require the Reform health plans to verify beneficiary participation or to confirm a community program's criteria if a community service organization provides the health improvement program.

<sup>8</sup> To document participation in disease management, Reform plans may rely on their care management staff to determine when beneficiaries have met the criteria to earn credit or they may require beneficiaries to submit the agency form, with plans' staff providing different levels of assistance to help complete this form.

<sup>9</sup> Beneficiaries who lose Medicaid eligibility or move out of a Medicaid Reform area can continue to use accumulated credits for up to three years. At the end of three years, any unused funds stay with Medicaid.

<sup>10</sup> AHCA credits beneficiaries' accounts after receiving reports from Reform health plans which usually occurs within 30 days. Reform plans electronically report participation in healthy activities to AHCA each month. Reform plans identify these behaviors using information from electronic payment systems or from paper forms when electronic billing is not available or when community service organizations provide an activity. In these instances, beneficiaries must complete the standard form and submit it to their health plans.

**How does AHCA fund enhanced benefits credits and what has it cost to administer the enhanced benefits account program?**

AHCA funds enhanced benefits account credits by assessing each Reform health plan a percentage of its monthly payment. AHCA currently deducts 2% of the monthly risk-adjusted capitated rate paid to Reform health maintenance organizations (HMOs).<sup>11</sup> Because AHCA reimburses provider service networks (PSNs) using a fee-for service arrangement, it currently estimates each PSN’s monthly contribution based on the average of the Reform HMOs’ capitated rates and a PSN’s actual caseload.<sup>12</sup> From the start of Medicaid Reform in September 2006 through the end of June 2008, Reform health plan assessments totaled \$13.5 million.

During the first two years of Medicaid Reform (September 2006 through June 2008), AHCA will spend \$2.17 million to administer the enhanced benefits account program. This includes the cost of contracts with Affiliated Computer Services and Imager Software, Inc., and the cost of printed materials.

As detailed in Exhibit 2, through June 2008, AHCA will pay Affiliated Computer Services \$1,312,312 to operate the enhanced benefits account call center, mail beneficiary account statements, and fund call center system maintenance. AHCA also will pay Imager Software \$778,518 for developing and maintaining the Enhanced Benefits Information System. This system processes Reform health plans’ monthly reports that document beneficiaries’ participation in activities that earn enhanced benefits credits and summarizes this information by beneficiary for Affiliated Computer Systems to use to credit individual beneficiary accounts. AHCA also uses its internal print shop to produce brochures and other educational information that is mailed to beneficiaries. AHCA expects to spend \$79,959 through June 2008 for these activities.

**Exhibit 2  
Through June 2008, AHCA Will Spend \$2.17 Million to Administer the Enhanced Benefits Account Program**

Cost Source	2006-07	2007-08	Total
Affiliated Computer Systems	\$555,900	\$756,412	\$1,312,312
Imager Software	351,518	427,000	778,518
AHCA Print Shop	61,027	18,932	79,959
<b>Total</b>	<b>\$968,445</b>	<b>\$1,202,344</b>	<b>\$2,170,789</b>

Source: Agency for Health Care Administration and OPPAGA analysis.

These figures do not include all costs to administer the program because Affiliated Computer Services performs some program activities, such as mailing beneficiaries’ monthly statements, in lieu of other contracted services that AHCA discontinued during this time frame. AHCA could not provide us with the financial value of these services.<sup>13</sup>

**How many beneficiaries have earned credit, for what healthy activities, and how do beneficiaries use their credits?**

As of the end of April 2008, 188,558 Medicaid Reform beneficiaries had earned enhanced benefits credits. This includes 4,274 beneficiaries who earned the annual maximum amount of \$125 for Fiscal Year 2006-07 and 9,957 beneficiaries who had earned this maximum amount for Fiscal Year 2007-08. As of April 2008, most of the earned credits (nearly 81%) were for keeping primary and preventive care appointments. Another 11% of the earned credits were for complying with medication regimens. Less than 1% of the credits earned were for participating in disease management programs and none were earned for participating in other types of health improvement activities such as smoking cessation or weight loss programs.

<sup>11</sup> AHCA may adjust the Reform plans’ contribution rate in future years to reflect beneficiaries’ actual use of the program.

<sup>12</sup> AHCA will calculate the PSN’s actual contribution when it reconciles the PSN’s fee-for-service payments against its risk-adjusted capitated rate.

<sup>13</sup> AHCA has contracted with a new fiscal agent, Electronic Data Systems, to begin providing services on June 26, 2008. Under that contract, Electronic Data Systems will maintain individual enhanced benefits accounts and generate beneficiaries’ monthly account statements. Costs for these services will be included in the larger fiscal agent contract and not separately tracked.

As shown in Exhibit 3, through April 2008, Medicaid Reform beneficiaries had earned enhanced benefits account credits by participating in 995,282 healthy activities. These credits are valued at nearly \$13.8 million.

**Exhibit 3**

**As of April 2008, Nearly 81% of the Credits Earned by Reform Health Plan Beneficiaries Were for Keeping Primary and Preventive Care Appointments**

Activity to Improve Health	Number Credits Earned	Percentage Earned Credits	Value of Earned Credits
Office visit (adult and child)	603,641	60.7%	\$6,897,425
Preventative Care (screenings and immunizations)/ Wellness Visits	196,616	19.8%	4,656,638
Compliance with Maintenance Medications	109,455	11.0%	814,448
Dental Exams	37,109	3.7%	588,523
Vision Exam	24,403	2.5%	333,790
PAP Screenings	19,029	1.9%	389,920
Disease Management Participation <sup>1</sup>	2,564	0.3%	38,360
Colorectal Screening	1,259	0.1%	21,707
Mammography Screening	1,204	0.1%	20,522
Flu Shot, When Recommended	2	<0.1%	50
Health Improvement Programs <sup>2</sup>	0	0.0%	0
<b>Total</b>	<b>995,282</b>	<b>100.0%</b>	<b>\$13,761,383</b>

<sup>1</sup> Disease management programs include asthma, congestive heart failure, diabetes, and HIV/AIDS.

<sup>2</sup> Health improvement programs include alcohol/drug treatment, smoking cessation, weight loss, and exercise.

Source: OPPAGA analysis of data from AHCA.

Through April 2008, beneficiaries who earned enhanced benefits credits had purchased products valued at \$1.6 million or 11.4% of credits earned. These beneficiaries most commonly have spent their credits on baby care products, cold and allergy medications, pain medications, and vitamins and nutritional supplements.<sup>14</sup>

<sup>14</sup> The baby care product category contains all diaper products, including those made for adults.

***What issues have stakeholders raised about the program and how is AHCA addressing these concerns?***

Stakeholders, including representatives of Reform health plans, AHCA staff, advocate organizations' staff, and beneficiaries have identified several issues related to the enhanced benefits account program.<sup>15</sup> These issues range from implementation concerns that may prevent beneficiaries from earning and redeeming program credits to concerns that the program design may not support or encourage long-term behavior changes. AHCA has taken steps to address some implementation concerns. However, design issues may need to be further addressed.

**Some Reform beneficiaries continue to be unaware of the program; others find it difficult to redeem their earned credits.** Stakeholders report that some beneficiaries are not aware of the program or may not fully understand how it works. Although beneficiaries receive written information from AHCA that explains the program, some beneficiaries reportedly do not understand that information and do not become aware of the program until they receive a statement in the mail that indicates they have earned credits. Stakeholders indicated that other beneficiaries confuse the statement with a bill and may not be aware that they have accrued credits that they can use to purchase health-related products.

These problems weaken the enhanced benefits program because beneficiaries who do not understand the program are less likely to respond to its incentives to participate in healthy behaviors. Also, beneficiaries who participate in disease management or other healthy activities but who do not understand how to complete and submit the form needed to document participation may not earn credit for completing these activities.

<sup>15</sup> OPPAGA obtained information through interviews with agency, health plan, and advocate staff; from attending meetings of the Technical Advisory Panel and the Enhanced Benefits Panel; and observing beneficiary focus groups.

In addition, Reform beneficiaries have experienced difficulty redeeming credits. This is partly due to the number of products from which beneficiaries can select. Beneficiaries can use their earned credits to purchase health-related items from a list of over 44,700 products. Items are listed by brand and package size, which can make it difficult for beneficiaries to find an approved product that they can obtain at their pharmacy.<sup>16, 17</sup> Once beneficiaries select items, they must go to the pharmacy counter to purchase the products. There, pharmacy staff use prescription billing software to determine whether the product is on AHCA's approved list and to then debit the beneficiary's enhanced benefits account. This process is slow and can be frustrating for both beneficiaries and pharmacy staff; in some cases beneficiaries reportedly have left the store without the products they need.

AHCA is taking steps to address some of these concerns. To help beneficiaries identify approved products, in November 2007 AHCA began inserting a flyer into the monthly account statements that lists selected seasonal products that beneficiaries can buy. AHCA also has established an enhanced benefits account workgroup and during November and December 2007 held community meetings to solicit feedback from beneficiaries and community advocates. As a result of this input, in July 2008 AHCA will change the program's name to the Enhanced Benefits Reward\$ Program and will use a coupon format instead of an account statement to inform beneficiaries of the earned credits that they have available to spend. These changes, however, do not address difficulties beneficiaries have had at pharmacies trying to redeem their credits. Beneficiaries will still need to redeem credits at pharmacy counters rather than at any register. AHCA has considered providing beneficiaries

with a debit card to redeem their credits, but has not pursued this alternative because of costs. AHCA should continue to pursue ways to make it easier for beneficiaries to redeem credits at pharmacies.

**The program's design may not adequately support long-term change in healthy behaviors.**

Some stakeholders are concerned that the enhanced benefits account program may not motivate beneficiaries to make lifestyle changes that could improve their health. Because beneficiaries do not receive statements that reflect earned credits for up to 90 days following the completion of healthy behaviors, they may not associate completing healthy behaviors with the enhanced benefits credits, and this delay weakens the motivational value of the incentive.<sup>18</sup>

Another concern raised by stakeholders is that the program may not target the right behaviors to encourage improving health status. To date, most credits earned by beneficiaries have been for routine physician office visits which they likely would have gone to without the incentive to earn credits. AHCA is addressing this issue by making some changes to the behaviors for which beneficiaries can earn credits. For example, in July 2008 AHCA will limit the incentives for adult office visits. Instead of awarding a \$15 credit for up to two primary care office visits each year, AHCA will award credit for only one office visit that must occur within the first 60 days of enrollment; this credit will be reduced to \$7.50.

To better target behaviors that could improve health status, AHCA is also considering adding behaviors for which beneficiaries can earn credits, such as completing prenatal laboratory and diabetes screening tests. AHCA also might consider adding or increasing the value of credits for behaviors that target specific subgroups. For example, AHCA could target persons with specific chronic conditions, women who have neglected needed annual screenings, and/or children who should receive preventive dental care.

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<sup>16</sup> Many over-the-counter drugs and other retail products have unique National Drug Code numbers that differentiate each product by brand (name brand, store generic) ingredient (aspirin, acetaminophen, ibuprofen), strength (100 mg, 150 mg, 200 mg), form (tablet, gel cap, liquid), and quantity (100, 200, 500). AHCA uses these codes to identify eligible products. Because all manufacturers do not obtain codes for all over-the-counter drugs and products, certain brands, package sizes, etc. will not be included on AHCA's approved list.

<sup>17</sup> A complete listing of all approved enhanced benefits products as well as separate lists for 31 categories are available at [www.fdhc.state.fl.us/Medicaid/Enhanced\\_Benefits/classes.shtml](http://www.fdhc.state.fl.us/Medicaid/Enhanced_Benefits/classes.shtml).

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<sup>18</sup> Credits are not available for up to 90 days because a provider must first bill for the service, the plan must pay for the service and forward a monthly report of earned credits to AHCA, and AHCA must then post the earnings to each beneficiary's account.

Also, despite incentives, beneficiaries have not participated in some healthy behaviors at all. For example, while beneficiaries can earn credits for engaging in activities to help them stop smoking, lose weight, and increase physical activity, as of April 2008, no beneficiaries had earned credits for these activities. Since Reform health plans do not provide these services, beneficiaries must access these services from community providers and may not be able to afford the fees associated with them. For example, gyms and weight loss programs tend to charge enrollment and ongoing membership fees which can be costly for Medicaid beneficiaries. If AHCA wishes to provide a meaningful incentive to beneficiaries to engage in these healthy behaviors, it will likely need to help offset fees and/or provide larger incentives at program completion.

## Agency Response ---

In accordance with the provision s. 11.51(5), *Florida Statutes*, a draft of our report was submitted to the Secretary of the Agency for Health Care Administration for her review and response.

The Secretary's written response has been reproduced in Appendix B.

**Appendix A**

# Medicaid Reform Health Plans Use Different Criteria to Award Beneficiaries Credit for Participation in Disease Management and Other Health Improvement Programs

Tables A-1 and A-2 summarize Reform health plans’ criteria for awarding enhanced benefits credits to beneficiaries for participating in disease management programs and other approved activities to improve health status.<sup>19</sup> As of May 2008, 15 Reform health plans had developed criteria to award credit for participating in disease management (Table A-1). Five of these 15 plans award credit when beneficiaries have completed both an initial and follow-up assessment after six months of continuous enrollment. Another plan (South Florida Community Care Network) awards credit to beneficiaries once they also meet at least one health behavior goal. The Children’s Medical Services Reform specialty plan awards credit to children who comply with their individualized treatment plan for one year. Of the remaining eight plans, five award credit once beneficiaries complete either an initial assessment or an initial assessment with one follow-up phone call; two plans award credit once beneficiaries agree to participate in a disease management program; and one plan awards credit after it identifies and enrolls beneficiaries in its disease management program.

**Table A-1**  
**As of May 2008, 15 Medicaid Reform Health Plans Reported They Had Developed Criteria for Awarding Credit to Beneficiaries for Participating in Disease Management Programs**

Health Plan	Criteria for Awarding Credit to Beneficiaries for Disease Management Participation
Access Health Solutions	Agree to participate in the appropriate disease management program
AMERIGROUP	Agree to work with the disease management case manager
Buena Vista	Complete initial assessment and one follow-up phone call
Children’s Medical Services (specialty plan)	Comply with individualized treatment plan for one year
First Coast Advantage	Complete initial assessment by phone or in person and follow-up assessment in six months with continuous enrollment
Freedom Health <sup>1</sup>	Not available
HealthEase	Complete initial assessment by phone or in person and follow-up assessment in six months with continuous enrollment
Humana <sup>2</sup>	Complete initial assessment by phone or in person and follow-up assessments in six months with continuous enrollment
Florida NetPASS	Plan uses proprietary software to identify and enroll all eligible beneficiaries
Pediatric Associates	Complete initial assessment
Preferred Medical Plan <sup>1</sup>	Not available
South Florida Community Care Network	Enroll for at least six months and meet at least one health behavior goal
Staywell	Complete initial assessment by phone or in person and follow-up assessment in six months with continuous enrollment
Total Health Choice	Complete initial assessment by phone or in person and follow-up assessment in six months with continuous enrollment
United Healthcare	Complete initial assessment
Universal Health Care	Complete initial assessment
Vista Healthplan of South Florida	Complete initial assessment and one follow-up phone call

<sup>1</sup> The plan did not respond to our request for information.

<sup>2</sup> Plan also conducts periodic assessments during the six-month time period.

Source: Medicaid Reform health plans.

<sup>19</sup> We requested criteria from all Reform health plans and received responses from 9 of the 11 Reform HMOs and all 8 Reform PSNs. Two plans, Freedom Health and Preferred Medical Plan, did not respond to our request for information.

Table A-2 shows that as of May 2008, 15 Reform health plans had established criteria for awarding credit to beneficiaries for participating in activities to improve their health, such as smoking cessation, drug and/or alcohol treatment, weight loss, and exercise programs. Four of these plans use criteria they developed and 10 plans rely on physicians, community organizations, or case managers to verify beneficiary participation and success in these activities. The remaining plan (United Healthcare) relies on community service organizations to verify participation but uses its own criteria to award credit for health improvement program success.

**Table A-2**  
**As of May 2008, 15 Medicaid Reform Health Plans Reported They Had Developed Criteria for Awarding Credit to Beneficiaries for Participating in and Successfully Completing Activities to Improve Their Health**

Health Plan	Smoking Cessation, Alcohol or Drug Treatment, Weight Loss, and Exercise Programs	
	Participation	Success
Access Health Solutions <sup>1</sup>	Reported by beneficiary	Reported by beneficiary
AMERIGROUP <sup>2</sup>	Reported and verified by community service organization	Reported and verified by community service organization
Buena Vista <sup>2</sup>	Reported by treating physician or community service organization	Reported by treating physician or community service organization
Children's Medical Services (specialty plan) <sup>2</sup>	Reported and verified by community service organization	Reported and verified by community service organization
First Coast Advantage <sup>1</sup>	Continuous enrollment for three months or attendance at half of the scheduled classes	Continuous enrollment for six months or attendance at all scheduled classes; progression toward goal or goal achieved
Freedom Health <sup>3</sup>	Not available	Not available
HealthEase <sup>2</sup>	Reported and verified by community service organization	Reported and verified by community service organization
Humana <sup>2</sup>	Reported and verified by community service organization	Reported and verified by community service organization
Florida NetPASS <sup>2</sup>	Reported and verified by community service organization or as determined by the plan's case managers	Reported and verified by community service organization or as determined by the plan's case managers
Pediatric Associates <sup>1</sup>	Certificate of completion from a formal program	Phone call at six months confirms maintenance or compliance is achieved
Preferred Medical Plan <sup>3</sup>	Not available	Not available
South Florida Community Care Network <sup>2</sup>	Reported and verified by community service organization	Reported and verified by community service organization
Staywell <sup>2</sup>	Reported and verified by community service organization	Reported and verified by community service organization
Total Health Choice <sup>2</sup>	Reported and verified by community service organization	Reported and verified by community service organization
United Healthcare	Reported and verified by community service organization	Continued participation for six months or certificate of completion from community service organization
Universal Health Care <sup>1</sup>	Weekly participation for three months	Weekly participation for six months or until completion
Vista Healthplan of South Florida <sup>2</sup>	Reported by treating physician or community service organization	Reported by treating physician or community service organization

<sup>1</sup> Plan developed its own criteria to determine participation and success.

<sup>2</sup> Plan relies on community service organizations, case managers, or treating physician to verify participation and success.

<sup>3</sup> The plan did not respond to our request for information.

Source: Medicaid Reform health plans.

**Appendix B**

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CHARLIE CRIST  
GOVERNOR

HOLLY BENSON  
SECRETARY

July 7, 2008

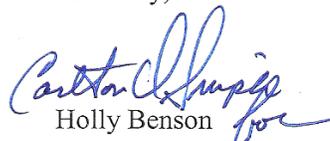
Gary R. VanLandingham, Director  
Office of Program Policy Analysis and  
Government Accountability  
111 West Madison Street, Room 312  
Claude Pepper Building  
Tallahassee, Florida 32399-1475

Dear Mr. VanLandingham:

Thank you for the opportunity to review the draft report entitled: "*Medicaid Reform: Beneficiaries Earn Enhanced Benefits Credits But Spend Only a Small Proportion.*" The Agency's review found the report to be an accurate summary of the Enhanced Benefit Account Program.

The Agency would like to thank OPPAGA for their diligent efforts to understand Medicaid Reform enrollment. As always, we appreciate the opportunity to respond and look forward to working with OPPAGA again in the future.

Sincerely,

  
Holly Benson  
Secretary

HB/co





*The Florida Legislature*  
*Office of Program Policy Analysis*  
*and Government Accountability*



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