Statewide Medicaid Managed Care 2023 Procurement
Databook Questions and Answers

#	Vendor Name	Question	Response
1	Simply	Why is there a variance between the total weighted average of Regions A-I for the ASR Financial Data Service Categories versus the All Region Average? Please provide additional supporting detail explaining the variance.	The All Region Average PMPMs for ASR Financial Data Service Categories was composited using the ASR reported member months rather than the Agency eligibility member months included in the data book. The ASR member months are included in Exhibit 1.
2	Simply	Why is there a variance between the total HCBS Rate Group and the sum of each individual HCBS rate group subpopulations for service category "2.18-Home & Community Based Services (HCBS) FFS"? Please provide additional supporting detail explaining the variance.	Thank you for bringing this to our attention. 2.18 Home & Community Based Services (HCBS) FFS inadvertently was shown as $0 for many of the HCBS subpopulations. Please see the final data book posted to the Agnecy's website for corrected information.
3	Simply	The "HCBS Rate Group Composite PMPM Experience" tables in the L-1 and L-2 tabs reflect the numerical regions 1,2 and 5-11 and do not reflect the SMMC Region Definitions county groupings. Please confirm the following mapping for the "HCBS Rate Group Composite PMPM Experience" table: Region 1 = A Region 2 = B Region 5-11 = C-I (respectively)	Thank you for bringing this to our attention. The Agency will release a final data book concurrently with the Invitation to Negotiate (ITN), or shortly thereafter. The Agency will ensure all region labels are correct in the final data book.
4	Simply	Why are the ASR category expenses listed below not included in the individual HCBS rate group subpopulation summaries? 2.15 Transportation Services FFS, 2.16 & 2.17 Case Management FFS, 2.9 & 2.21 LTC Services Settlements, 4.5 TPL & Fraud / Abuse Recoveries Please provide additional supporting detail explaining the exclusion.	ASR data is only provided by the capitated plans in aggregate for the HCBS rate group.
5	Simply	We understand the data book contains historical data to assist with the development of responses for the future ITN. However, we recognize that there may be program changes that have been under discussion and consideration with AHCA, specifically the opportunity for Specialty Plans to become Comprehensive Plans. Please confirm if bidders should expect this specific program change in the upcoming ITN.	The information requested is beyond of the scope of the required data for the databook.
6	AmeriHealth	The data book includes claim payments made through December 2021, which represents six months of runout for the latest incurred period. Can Milliman provide estimated completion factors by experience period and category of service so that prospective plans can better understand the ultimate incurred cost levels for each period?	The information requested is beyond of the scope of the required data for the databook.
7	AmeriHealth	Milliman indicates that internal pharmacy experts have identified specific drug therapeutic classes to categorize as specialty. Can additional information be provided regarding the criteria used to identify these drugs?	Milliman has identified specific drug therapeutic classes as specialty therapeutic classes when costs in the class were predominantly driven by drugs that were high-cost, had orphan status, or met other criteria that Milliman pharmacy experts deemed worthy of a specialty designation. The identification of therapeutic classes as specialty or traditional was subjective based on Milliman pharmacy experts' opinions, an evaluation of the drugs / classes frequently flagged as specialty in the industry, and an evaluation of historical and expected future costs within a therapeutic class.
8	AmeriHealth	Milliman applies a FMMIS/ASR data completion adjustment based on their belief that the ASR reports more accurately represent total historical expenditures. In some instances, these adjustments dampen the reported FMMIS encounter costs to align with the ASR reports. Can Milliman provide additional information regarding instances where the encounter data was adjusted downward to explain why the encounter data expenditures reported for certain categories were determined to be overstated?	The FMMIS encounter may be overstated for various reasons, including technical reasons related to encounter data submission and processing. For example, in situations where the MMA program is not the primary payer on a claim (due to other health care coverage or coverage through the LTC program for a given service), the data provided to Milliman does not always include sufficient information to perfectly identify costs specifically attributable to the MMA program. Adjustments are made to the MMA data book to account for known issues in the data where practical; however, because the ASR financial reports are independently audited, the data book reflects an assumption that the ASR reports more accurately represent costs.
9	AmeriHealth	Milliman applied adjustments to historical experience to account for the use of pharmacy spread pricing arrangements. Can Milliman provide additional details on the information reviewed to assess the magnitude and reasonability of amounts attributable to spread pricing?	MMA plans provided data and supporting information regarding their PBM pricing arrangements and data submission methodology.
10	AmeriHealth	Milliman estimated and removed the portion of subcapitated and other ASR costs for D-SNP enrollees and covered through a separate D-SNP contract. According to the data book, the estimate was based on the mix of these types of enrollees compared to all dual-eligible enrollees and relative PMPM costs. Can Milliman provide further detail on how these estimates were developed and the magnitude of the dollar adjustments applied?	These estimates are based on the relative PMPM costs between all dual eligible members and members who are enrolled in a D-SNP. The PMPM costs are calculated by plan, broad service category, rate group and rate cell. The impact of this adjustment on the total ASR financial data costs included in the MMA data book posted to the Agency's website on November 22, 2022 across all dual eligible rate groups is a reduction of between 0.10% and 0.15% for each year of data (CY 2019, CY 2020, or 2021 H1).
11	AmeriHealth	The data book describes the intent to remove the separate rate cell for MAP enrollees with this reprocurement and pay plans based on the MAP enrollee's original classification of rate group and cell. Is this change for MAP enrollees only or for all dual-eligible enrollees? In what rate cell are MAP enrollees currently paid?	Yes, this change is for MAP enrollees only, we will still have separate rate cells for other Dual Eligible enrollees. The current rate cells for MAP enrollees are M9B and N9B.

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12	AmeriHealth	There are some significant differences between the CY 2019 incurred data used in RY 22/23 rate development and the CY 2019 incurred data included in the data book. Are these differences attributed solely to runout (paid through Q1 2021 vs. Q4 2021), or were there other adjustments made that differ between the two sets of experience? For example, looking at the sum of encounter and ASR data, the SSI Dual Eligible rate category for Region 9 totaled $215.64 in the rate development data and $193.75 in the data book information (11.3% difference).	The FMMIS encounter data represented in the MMA data book is adjusted for differences relative to the ASR financial data and for the removal of expanded benefits.
13	AmeriHealth	Can you give us more information on what adjustments or recalibrations were made to risk scores year by year?	The information requested is beyond of the scope of the required data for the databook.
14	AmeriHealth	For the prior year adjustments that are included in the previous year's data, how are the amounts split out by rate category? There is no break-out included in the ASR submissions.	For subcapitated and other services where ASR financial data is the primary data source in the MMA data book, reallocation factors are applied to the ASR financial data to distribute the data to the rate group and rate cell level. The total amount of subcapitated and other ASR costs by plan, region, and service category remains the same before and after the reallocation process. The reallocation factors are based on CY 2019 encounter data.
15	AmeriHealth	Why was the PDHRP information not included in the data book information? It could potentially have large impacts by region and rate category.	The information requested is beyond of the scope of the required data for the databook.
16	AmeriHealth	Is there any information regarding the number and amount of high-cost claims by region ($500k), other than prescription drugs, that is included in the data?	The information requested is beyond of the scope of the required data for the databook.
17	AmeriHealth	Is there a reconciliation between the encounter data and the ASR data by region by year for both MMA and LTC?	The information requested is beyond of the scope of the required data for the databook.
18	AmeriHealth	The data book describes the legislated HCBS/Non-HCBS transition percentages that apply for this program. Targeted percentages are 3% when mix is under 65% HCBS, 1% if the HCBS percentage is between 65% to 75%, and 0% if the HCBS percentage is greater than 75%. Can a technical example be provided to illustrate how these percentages are applied? For example, if a plan has 50% HCBS, is the 3% transition percentage calculated as 50% + 3% = 53% or 50% × 1.03 = 51.5% or using some other approach?	The information requested is beyond of the scope of the required data for the databook.
19	AmeriHealth	The data book (LTC) includes claim payments made through June 2021, which represents zero months of runout for the latest incurred period. This compares to the MMA data book, which contains six months of runout. Why not use claim payments made through December 2021 and six months of runout for LTC?	The LTC data book includes special feed encounter data collected from the capitated plans to develop capitation rates. The Agency stopped collecting special feed encounter data from the capitated plans in the transition to using FMMIS data in the development of the capitation rates going forward. The last collection of special feed encounter data only included claim payments through June 2021.
20	AmeriHealth	Can Milliman provide estimated completion factors by experience period and category of service so that prospective plans can better understand the ultimate incurred levels for each period? Without this information, the experience from the January through June 2021, and to a lesser extent, the CY 2020 experience period, are difficult to interpret.	The information requested is beyond of the scope of the required data for the databook.
21	AmeriHealth	The data book (LTC) includes ASR financial information through June 2021 using the Q2 2021 ASR report submissions with runout through June 2021. This compares to the MMA data book, which includes ASR information through June 2021 using the Q4 2021 ASR report submissions with runout through December 2021. Why not use the Q4 2021 ASR submissions for LTC?	The Q2 2021 ASR report information is used to align with the June 2021 claim payment runout included in the special feed encounter data.
22	AmeriHealth	The labeling of certain tabs in "Report 46 – Appendix L – LTC Data Book Summary" appears to include incorrect regional assignments. For example, on the "Exhibit L-1A" tab, row 12 references regions A through I, which are consistent with the prospective regional assignments for this program. However, row 36 labels the various regions 1, 2, and 5 through 11. Can Milliman confirm how these numerical assignments correspond to regions A through I?	Thank you for bringing this to our attention. The Agency will release a final data book concurrently with the Invitation to Negotiate (ITN), or shortly thereafter. The Agency will ensure all region labels are correct in the final data book.
23	AmeriHealth	Can the state provide details on the historical Community High Risk Pool (e.g., high-level summary of payouts, has the fund historically been sufficient/insufficient, etc.)?	The information requested is beyond of the scope of the required data for the databook.
24	AmeriHealth	Is there any risk mitigation in place other than the risk pool (e.g., any risk adjustment)?	General information about the MMA and LTC programs including historical information is publicly available on the Agency's website at the following link: www.ahca.myflorida.com.
25	AmeriHealth	Are HCBS waiting lists a factor for any HCBS services? If so, could waiting lists potentially prevent an MCO from achieving the targeted blend of HCBS vs. non-HCBS?	The information requested is beyond of the scope of the required data for the databook.
26	AmeriHealth	Are there any proposed increases or changes in prior authorization requirements that will differ from the experience included in the data book?	The information requested is beyond of the scope of the required data for the databook.
27	AmeriHealth	Could the state provide clarification on the note about enrollee shifting in Exhibit L-4C? The note suggests that 12.3k enrollees in 2019 and 4.8k enrollees in 2020 should be included in the LTC data book under non-HCBS, but they are not. This would be about 26% of 2019 non-HCBS enrollees (574,391/12 = 49.9k average non-HCBS enrollees) and 10% of 2020 non-HCBS enrollees. What would be the impact of these enrollees to the PMPM by region? Is the experience for these enrollees included in the MMA data book?	The metric for the membership is a member month and not an enrollee count. We assume these member months will have the same PMPM as the average Non-HCBS member month once they are enrolled in the LTC program. MMA enrollees who were modeled in the historical data to enroll in the LTC program due to being nursing facility utilizers are included in the MMA data book; these members are described further in Section II of the November 22, 2022 MMA data book.

#	Vendor Name	Question	Response
28	CareSource	MMA/CMS: 1.What are the criteria for drugs that qualify for inclusion in the PDHRP Prescribed Drugs High Risk Pool (PDHRP)? a.Is the list static or updated regularly? If so, what is the cadence of these updates? b.How would new or unexpected approvals be handled in the PDHRP?	This information is available to the public on the Agency's website at the following link: www.ahca.myflorida.com.
29	CareSource	How are changes in pharmacy experience between potential base periods and rating periods handled? For example – would an explicit adjustment be applied to the CY2019 data to account for newly introduced drugs, would the prospective trend rate be increased to account for them, or would it be handled some other way?	The information requested is beyond of the scope of the required data for the databook.
30	CareSource	LTC: 1.The data book makes no mention of Dual vs non-Dual member cost for the LTC program. How does the rate development process account for the large difference in cost between these two member groups?	The information requested is beyond of the scope of the required data for the databook.
31	CareSource	Is there any form of risk adjustment applied to the LTC program rates?	This information is available to the public on the Agency's website at the following link: www.ahca.myflorida.com.
32	CareSource	Comprehensive – MMA & LTC: If a new entrant is awarded, will the plan be able to submit contracting information to inform the prospective contracting adjustment that is already applied to the base data?	The information requested is beyond of the scope of the required data for the databook.
33	CareSource	Wage pressures due to inflation have been impacting hospital costs that are passed on to health plans (especially in LTC programs). How does Milliman plan to account for this in prospective rates?	The information requested is beyond of the scope of the required data for the databook.
34	CareSource	What risk sharing mechanisms (Minimum MLR, Net Income Cap, Etc.) exist in the current program? How are they administered – would plans submit combined reports for their whole program (LTC + MMA) or are the required reports more granular?	General information regarding the MMA and LTC programs is available to the public on the Agency's website at the following link: https://ahca.myflorida.com/
35	Florida Community Care (FCC)	What format will be used for potential contractors to submit their financial bid for the LTC program? Will potential contractors bid a separate rate for each rate cell and region, or will bids be submitted at a less granular level? Will potential contractors bid within a rate range provided by the state?	The information requested is beyond of the scope of the required data for the databook.
36	Florida Community Care (FCC)	What time period will be used for the base data to develop the ITN capitation rates / rate ranges? Will the same data be used to develop the final capitation rates for the first year of the new LTC contract?	The information requested is beyond of the scope of the required data for the databook.
37	Florida Community Care (FCC)	When the new LTC contract begins, how will member enrollment be assigned to health plans? Will existing health plans keep all of their existing membership under the new contract, or will some members be re-allocated?	The information requested is beyond of the scope of the required data for the databook.
38	Florida Community Care (FCC)	How will capitation payments be made for members who are enrolled in the LTC program for a partial month? How is this data reflected in the data book?	The information requested is beyond of the scope of the required data for the databook.
39	Florida Community Care (FCC)	What portion of the HCBS capitation rate has historically been withheld to fund the Community High Risk Pool? Has the pool historically tended to be overfunded or underfunded?	The information requested is beyond of the scope of the required data for the databook.
40	Florida Community Care (FCC)	The MMA data book discusses an FMMIS encounter data to ASR financial data completion adjustment. Will the LTC capitation rate development under the new contract include a similar adjustment that brings aggregate encounter data paid amounts to the same level as the ASR financial data paid amounts?	The information requested is beyond of the scope of the required data for the databook.
41	Florida Community Care (FCC)	Exhibits L-3C, L-3D, and L-3E reflect the current 11 regions and only include 2019 and 2020 information. Will versions be provided that use the new 9 regions and include 1H2021 unit costs? If not, please explain.	Thank you for bringing this to our attention. The Agency will release a final data book concurrently with the Invitation to Negotiate (ITN), or shortly thereafter. The Agency will ensure all region labels are correct in the final data book.
42	Florida Community Care (FCC)	Exhibit L-4C indicates, "We worked with the Agency to identify 12,312 members in CY 2019 and 4,829 members in CY 2020 that would be added to the LTC program into the Non-HCBS rate group that are not included in the data included in the LTC data book." Whereas page 11 of the MMA Databook indicates these values are member months rather than members. Please clarify. If the values are members, please explain why they were not included in the LTC data book since they are material.	Thank you for bringing this to our attention. The metric for the membership is a member month and not an enrollee count. This has been clarified in the final data book published to the Agency's website concurrently with the ITN.
43	Community Care Plan (CCP)	Will additional information be provided with the ITN isolating out COVID costs for testing, treatment, and vaccines during the base period?	The information requested is beyond of the scope of the required data for the databook.
44	Community Care Plan (CCP)	The adjustment to remove expanded benefits is now shown at the rate cell level. Can you please confirm whether the ITN cost template will need to be completed at this level of detail or will results be aggregated at the rate group level?	The information requested is beyond of the scope of the required data for the databook.

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45	Community Care Plan (CCP)	The RY 22/23 rate certification adjusts the 2019 base data for FMMIS encounter data to ASR financial data completion, the removal of expanded benefits, IMD, January 2019, and missing data. The rate book only adjusts for FMMIS encounter data to ASR financial data completion and the removal of expanded benefits. Will the ITN include those additional adjustments?	The information requested is beyond of the scope of the required data for the databook.
46	Community Care Plan (CCP)	It looks like the 2019 base data PMPM for M9.3 DME FFS is slightly different for some of the rate groups between the data book and the rate certification. Can you please provide a reason?	The FMMIS encounter data represented in the MMA data book is adjusted for differences relative to the ASR financial data and for the removal of expanded benefits.
47	Community Care Plan (CCP)	The RY 22/23 rate certification projects an aggregate statewide Private Duty Nursing (PDN) rate for both CMS Plan and other MMA plans, applying adjustment factors to develop rates at the regional level. Is that methodology expected to continue?	The information requested is beyond of the scope of the required data for the databook.
48	Community Care Plan (CCP)	Prior data books/rate setting documents contained deidentified plan level information. It would be helpful to review the variability of historical data within each region for purposes of projecting costs. Does the state plan to release this level of data in the future?	The information requested is beyond of the scope of the required data for the databook.
49	Community Care Plan (CCP)	Impact of PHE – Can the state provide any data displaying the changes in acuity due to the increase in enrollment? (e.g., data on % of $0 utilizers, or % of unscored members.)	The information requested is beyond of the scope of the required data for the databook.
50	Community Care Plan (CCP)	Will additional information be provided with the ITN isolating out COVID costs for testing, treatment, and vaccines during the base period?	The information requested is beyond of the scope of the required data for the databook.
51	Community Care Plan (CCP)	Can you please confirm that the labels in row 36 of exhibits Exhibit L-1 to Exhibit L-2 should match row 12 (i.e., Region A Average, Region B Average, etc.)?	Thank you for bringing this to our attention. The Agency will release a final data book concurrently with the Invitation to Negotiate (ITN), or shortly thereafter. The Agency will ensure all region labels are correct in the final data book.
52	Humana	Will additional guidance be provided to potential plans for evaluating adjustments not included in the data book? If so, when will this additional guidance be released?	The information requested is beyond of the scope of the required data for the databook.
53	Humana	COVID-19 and the Public Health Emergency have a significant impact on some time periods in the data book. Will there be additional guidance on how to evaluate the impact to the data? Below are some specific COVID-related items where additional guidance could be helpful: a. Population acuity and population size changes b. Deferred and foregone services c. Service mix changes d. COVID testing and treatment costs e. To what extent the impact to the data in the data book may continue into 2025 and later	The information requested is beyond of the scope of the required data for the databook.
54	Humana	Will historical administrative costs be supplied?	The information requested is beyond of the scope of the required data for the databook.
55	Humana	Will prospective trend assumptions be provided?	The information requested is beyond of the scope of the required data for the databook.
56	Wakely	Will additional information be provided with the ITN isolating out COVID costs for testing, treatment, and vaccines during the base period?	The information requested is beyond of the scope of the required data for the databook.
57	Wakely	In the prior ITN the removal of expanded benefits was shown at the rate group level and the newly released data book shows this adjustment at the rate cell level. Can you please confirm whether the ITN cost template will need to completed at this level of detail or will results be aggregated at the rate group level?	The information requested is beyond of the scope of the required data for the databook.
58	Wakely	The RY 22/23 rate certification adjusts the 2019 base data for FMMIS encounter data to ASR financial data completion, the removal of expanded benefits, IMD, January 2019, and missing data. The data book only adjusts for FMMIS encounter data to ASR financial data completion and the removal of expanded benefits. Will the ITN include those additional adjustments?	The information requested is beyond of the scope of the required data for the databook.
59	Wakely	It looks like the 2019 base data PMPM for M9.3 DME FFS is slightly different for some of the rate groups between the data book and the rate certification. Can you please confirm/explain the discrepancy?	The FMMIS encounter data represented in the MMA data book is adjusted for differences relative to the ASR financial data and for the removal of expanded benefits.

#	Vendor Name	Question	Response
60	Wakely	The member months associated with the ASR Financial Data appear to be different for 2019 base data between the data book and the RY 22/23 rate certification for the CMS Plan rate groups. Can you please confirm/explain the discrepancy?	The data book reflects the most recent CMS Plan membership information currently available. A difference does exist between the data book and the RY 22/23 MMA rate certification for the CY 2019 CMS Plan member months associated with the ASR financial data. However, the resulting difference on the overall PMPM cost for CMS Plan is relatively small, because most CY 2019 CMS Plan costs were paid on a FFS basis and are captured in the encounter data.
61	Wakely	Due to credibility concerns, the RY 22/23 rate certification projects an aggregate statewide Private Duty Nursing (PDN) rate for all qualifying members (i.e., both CMS Plan and all other MMA plans), applying adjustment factors to develop rates at the regional level. Can you please confirm that the current methodology is expected to continue, despite the more granular level of data (i.e., by rate group and region) provided in the data book?	The information requested is beyond of the scope of the required data for the databook.
62	Wakely	Prior data books/rate setting documents contained deidentified plan level information. It would be helpful to review the variability of historical data within each region for purposes of projecting costs. Does the state plan to release this level of data in the future?	The information requested is beyond of the scope of the required data for the databook.
63	Wakely	Impact of PHE – Can the state provide any data displaying the changes in acuity due to the increase in enrollment? (e.g. data on % of $0 utilizers, or % of unscored members.)	The information requested is beyond of the scope of the required data for the databook.
64	Wakely	Will plans be expected to include in the cost template the impact of redeterminations on the acuity of the population?	The information requested is beyond of the scope of the required data for the databook.
65	Wakely	Can you please provide prevalence distributions by rate cell under the risk score models?	The information requested is beyond of the scope of the required data for the databook.
66	Wakely	Will additional information be provided with the ITN isolating out COVID costs for testing, treatment, and vaccines during the base period?	The information requested is beyond of the scope of the required data for the databook.
67	Wakely	Can you please confirm that the labels in row 36 of exhibits Exhibit L-1 to Exhibit L-2 should match row 12 (i.e., Region A Average, Region B Average, etc)?	Thank you for bringing this to our attention. The Agency will release a final data book concurrently with the Invitation to Negotiate (ITN), or shortly thereafter. The Agency will ensure all region labels are correct in the final data book.
68	Sunshine	Will the ITN include a cost bid requirement?	The information requested is beyond of the scope of the required data for the databook.
69	Sunshine	What data time period is used to determine the average raw risk score for each quarter? (i.e. are the 2021Q2 average risk scores developed using 2021Q2 data or the 12 months prior or something else?) Were there any significant risk score methodology changes over the periods	The time periods of diagnostic and pharmacy data used to determine raw risk scores for each quarter are summarized in Table 3 of the November 22, 2022 MMA data book report. Risk scores are not comparable across different capitation rates years (as shown in the second column of Table 3) due to the recalibration of the risk models and other potential risk adjustment methodology changes for each capitation rate year. Please refer to Section II of the November 18, 2022 MMA data book report for additional information regarding caveats surrounding the risk scores included in the data book.
70	Sunshine	Will there continue to be a maternity kick payment in the new contract period?	The information requested is beyond of the scope of the required data for the databook.
71	Sunshine	The detailed HCBS subgroup total PMPMs when composited do not equal the "HCBS Rate Group Composite PMPM Experience" table. What is causing that difference?	2.18 Home & Community Based Services (HCBS) FFS inadvertently was shown as $0 for many of the HCBS subpopulations. Please see the final data book posted to the Agnecy's website for corrected information.
72	Sunshine	Will projected 1H2021 subgroup information be provided?	The information requested is beyond of the scope of the required data for the databook.
73	Sunshine	The second footnote states "The member months used to calculate the PMPM claim costs are based on member-level eligibility data provided by the Agency." Does the Agency's member-level eligibility data file provide the detail needed to separate membership by the HCBS subgroups distinguished in [Exhibit L-2A] and [Exhibit L-2B] (i.e. ALF 0-44, ALF 45+, etc)?	The combination of the Agency's member-level eligibility data and claim data for each member month is used to assign a member into a HCBS subgroup based on their location of care and age.
74	Sunshine	There are HCBS Rate Group Composite PMPM Experience tables with region numbers instead of region letters provided in [Exhibit L-1*] & [Exhibit L-2*]. PLease confirm these should be lettered (A-I) instead of numbered	Thank you for bringing this to our attention. The Agency will release a final data book concurrently with the Invitation to Negotiate (ITN), or shortly thereafter. The Agency will ensure all region labels are correct in the final data book.

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75	Sunshine	Will the HCBS subpopulations (ALF 0-44, ALF 45+, ADC 0-44, ADC 45+, PDO 0-44, PDO 45+, Other 0-44, Other 45+) be used for specific rate cells or be taken into consideration for MCO specific risk?	The information requested is beyond of the scope of the required data for the databook.
76	Sunshine	What is causing the decrease in NF days from 2019 to 1H21?	The noted decrease is partially driven by a lack of run-out on the 1H 2021 data included in the data book and results of changes in the population during COVID-19.
77	Sunshine	What is causing the decrease in Patient Responsibility from 2019 to 1H21? Are there any considerations between the first and second half of the year that should be taken when reviewing the 1H21 figures?	The information requested is beyond of the scope of the required data for the databook.
78	Aetna	Do you plan to release an updated databook once CY21 full year experience becomes available?	The information requested is beyond of the scope of the required data for the databook.
79	Aetna	Do you plan to release an updated databook once 1H22 experience becomes available?	The information requested is beyond of the scope of the required data for the databook.
80	Aetna	Can AHCA release a databook excluding the members who are expected to be disenrolled once PHE ends and redetermination resumes?	The information requested is beyond of the scope of the required data for the databook.
81	Aetna	Could you please elaborate why there are completion adjustment factors below 1.0?	In certain instances, the FMMIS encounter data is overstated relative to the audited ASR financial data. In these instances, the MMA plan encounter data would be adjusted downwards (i.e., an adjustment factor below 1.0).
82	Aetna	We are seeing some significant volatility of completion factors for the same region and same population year over year. One example is Region I LTC Dual Eligible, 1H22 completion adjustment is 0.990, while CY20 completion adjustment is 1.161. Could you please explain why this degree of volatility in completion factors could have occurred?	The purpose of the FMMIS encounter data to ASR financial data completion adjustment is to adjust the FMMIS encounter data for differences as compared to the ASR financial data. Due to changes in how plans submit encounter data over time, certain cuts of data may show volatility in the factors applied over time. Additionally, smaller volume rate groups and regions may show more volatility in the factors over time depending on the differences observed in the smaller cuts of data.
83	Aetna	Could you please elaborate how out-of-state claims expense has been handled in calculating the contracting metrics?	The MMA plan reported contracting surveys are applied to the FMMIS encounter data in order to summarize composite contracting levels across plans and providers. Therefore, any provider that a plan includes as part of their contracting survey and that is included in the encounter data for the given time period will be reflected in the contracting metrics summarized in the MMA data book. Providers excluded from the survey for a given plan are not included in the summarized contracting metrics.
84	Aetna	Could you please elaborate how out-of-network claims expense has been handled in calculating the contracting metrics?	The MMA plan reported contracting surveys are applied to the FMMIS encounter data in order to summarize composite contracting levels across plans and providers. Therefore, any provider that a plan includes as part of their contracting survey and that is included in the encounter data for the given time period will be reflected in the contracting metrics summarized in the MMA data book. Providers excluded from the survey for a given plan are not included in the summarized contracting metrics.
85	Aetna	Could you please confirm our understanding that physicians and services have been adjusted to the latest available Medicare fee schedule?	No explicit adjustment has been made in the MMA data book to account for the latest Medicare fee schedule. Costs associated with the MMA Physician Incentive Program (MPIP) incurred during the experience period are implicitly included in the MMA data book to the extent they have been reported by plans in the historical data.
86	Aetna	If the answer to the above question is yes, please clarify the effective date of the latest Medicare fee schedule that the MPIP adjustment has been adjusted to?	Costs associated with the MMA Physician Incentive Program (MPIP) incurred during the experience period are implicitly included in the MMA data book to the extent they have been reported by plans in the historical data.
87	Aetna	Can you please provide transparancy on how Zolgensma and other high-cost specialty drugs are bucketed into service categories?	The description of the service categorization of claims can be found in the MMA data book report. All pharmacy claims within the therapeutic classes identified by Milliman as specialty classes are categorized as service category M8.c (Prescription Drugs FFS – Specialty).

#	Vendor Name	Question	Response
88	Aetna	Can you please consider releasing the full list of drugs that are bucketed into the "M8.c Prescription Drugs - Specialty" category?	The information requested is beyond of the scope of the required data for the databook.
89	Aetna	Can you please consider releasing the cost distribution of high-cost specialty drugs (i.e. Zolgensma) by time period, rate cell, rate group, and region?	The information requested is beyond of the scope of the required data for the databook.
90	Aetna	Can you please provide transparency on how Non-Rx large claimants are bucketed into service categories?	The description of the service categorization of claims can be found in the MMA data book report.
91	Aetna	Can you please consider releasing the distribution of cost, utilization, unit cost, and claimant count of large claimants (i.e. Over $500K incurred by one member in one quarter) by time period, rate cell, rate group, region, and provider (if applicable)?	The information requested is beyond of the scope of the required data for the databook.
92	Aetna	Could you please confirm that the data book includes Child Welfare Specialty plan data? If yes, would you please clarify which CW population (for example, Out of home fosters, post adoption children, In-home with services, or combination) are included?	The data book includes all Child Welfare Specialty plan data and populations, subject to the same exclusions and adjustments as other data and populations (as described in the MMA data book).
93	Aetna	Please confirm our understanding that in all HCBS exhibits, Region 1 should have been labeled Region A and Region 2 should have been labeled Region B?	Thank you for bringing this to our attention. The Agency will release a final data book concurrently with the Invitation to Negotiate (ITN), or shortly thereafter. The Agency will ensure all region labels are correct in the final data book.
94	Aetna	Will you consider releasing the projected change in patient responsibility PMPM for the new contract year?	The information requested is beyond of the scope of the required data for the databook.
95	Aetna	Will you consider releasing the same data gross of patient responsibility and the projected patient responsibility PMPM for the new contract year?	The information requested is beyond of the scope of the required data for the databook.
96	Aetna	It appears IBNR adjustment is not included. Could you please confirm our understanding that the data is not adjusted for IBNR?	Confirmed.
97	Aetna	Will you consider releasing the IBNR completion factors?	The information requested is beyond of the scope of the required data for the databook.
98	Aetna	Exhibits L-3C/D/E show the average unit cost for ALF (T2030), ADC (S5102), and Personal Care (S9122, T1019, or T1004) for CY2019 and CY2020. Do you plan to release updated unit cost for CY2021 full year?	The information requested is beyond of the scope of the required data for the databook.
99	Aetna	Exhibits L-3C/D/E show the average unit cost for ALF (T2030), ADC (S5102), and Personal Care (S9122, T1019, or T1004) for CY2019 and CY2020. Do you plan to release updated unit cost for 1H2022?	The information requested is beyond of the scope of the required data for the databook.
100	Aetna	Under "ASR Financial Data" section for "HCBS Rate Group Composite PMPM Experience, Line "2.8 & 2.19" item "Subcapitated LTC Services, Region I is substantially higher than all other regions. Can you please explain why the difference is so large between Region I and all other regions?	For the time periods included in the data book the capitated plans had more subcapitated arrangements for HCBS services in Region I compared to other regions.
101	Aetna	Exhibits L-3E shows the average unit cost for HCBS Services (S9122, T1019, or T1004) for CY2019 and CY2020. Do you plan to add unit cost for S9124 (in-home nursing care) for CY2019 and CY2020? Do you plan to release updated unit cost for S9124 for CY2021 and 1H2022?	Exhibits L-3E summarize average unit costs for HCBS services collected from the capitated plans during the development of capitation rates.
102	Aetna	Exhibits L-3E shows the average unit cost for 3 Personal Care Attendant (PCA) HCBS Services (S9122, T1019, or T1004) for CY2019 and CY2020. However, S9122 is paid per hour, while T1019 & T1004 are paid per 15 minutes. Can you please break out the 3 PCA services unit cost exhibits into two groups - 1) S9122, and 2) T1019 or T1004 since they are billed based on different units?	S9122 was converted to a 15 minute increment to include with T1019 and T1004 due to limited data reported in S9122.

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#	Vendor Name	Question	Response
103	AmeriHealth	According to the Financial Summary reports published by AHCA, PMPM experience for Child Welfare Specialty Plan has increased by 14% in 1H22, compared with CY21. Since the databook has only included PMPM experience from CY19 through 1H21, could you please confirm you would consider using more recent experience through 1H22, for ITN rate development, given the significant trend for this Specialty plan?	The information requested is beyond of the scope of the required data for the databook.