

I.6.A Florida HEDIS Rates



State	Reporting Population	Measure	Submeasure	CY2010	CY2011	CY2012
FL	Reform	Annual Dental Visit	All members	34.13%	27.14%	32.07%
FL	Reform	Annual Dental Visit	Members age 11 to 14	36.42%	30.65%	35.43%
FL	Reform	Annual Dental Visit	Members age 15 to 18	32.12%	27.15%	32.16%
FL	Reform	Annual Dental Visit	Members age 19 to 21	21.59%	18.28%	22.33%
FL	Reform	Annual Dental Visit	Members Age 2 to 3	16.92%	11.79%	15.53%
FL	Reform	Annual Dental Visit	Members age 4 to 6	37.74%	27.18%	33.78%
FL	Reform	Annual Dental Visit	Members age 7 to 10	44.33%	36.67%	40.96%

State	Reporting Population	Measure	Submeasure	CY2010	CY2011	CY2012
GA	HEDIS Medicaid	Annual Dental Visit	All members	63.58%	67.49%	67.92%
GA	HEDIS Medicaid	Annual Dental Visit	Members age 11 to 14	67.07%	70.54%	70.02%
GA	HEDIS Medicaid	Annual Dental Visit	Members age 15 to 18	55.13%	58.91%	59.42%
GA	HEDIS Medicaid	Annual Dental Visit	Members age 19 to 21	35.84%	39.18%	38.85%
GA	HEDIS Medicaid	Annual Dental Visit	Members Age 2 to 3	38.75%	43.92%	43.96%
GA	HEDIS Medicaid	Annual Dental Visit	Members age 4 to 6	72.14%	75.57%	76.01%
GA	HEDIS Medicaid	Annual Dental Visit	Members age 7 to 10	75.37%	78.56%	78.32%

State	Reporting Population	Measure	Submeasure	CY2010	CY2011	CY2012
MS	Medicaid	Annual Dental Visit	All members			40.96%
MS	Medicaid	Annual Dental Visit	Members age 11 to 14			43.30%
MS	Medicaid	Annual Dental Visit	Members age 15 to 18			34.24%
MS	Medicaid	Annual Dental Visit	Members age 19 to 21			25.87%
MS	Medicaid	Annual Dental Visit	Members Age 2 to 3			34.75%
MS	Medicaid	Annual Dental Visit	Members age 4 to 6			51.47%
MS	Medicaid	Annual Dental Visit	Members age 7 to 10			49.25%



State	Reporting Population	Measure	Submeasure	CY2010	CY2011	CY2012
OH	Medicaid	Annual Dental Visit	All members	51.02%	51.70%	48.98%
OH	Medicaid	Annual Dental Visit	Members age 11 to 14	54.57%	55.59%	51.99%
OH	Medicaid	Annual Dental Visit	Members age 15 to 18	47.45%	48.12%	45.40%
OH	Medicaid	Annual Dental Visit	Members age 19 to 21	39.02%	35.95%	33.02%
OH	Medicaid	Annual Dental Visit	Members Age 2 to 3	30.60%	31.34%	28.48%
OH	Medicaid	Annual Dental Visit	Members age 4 to 6	57.78%	58.90%	55.69%
OH	Medicaid	Annual Dental Visit	Members age 7 to 10	59.79%	60.10%	57.80%



State	Reporting Population	Measure	Submeasure	CY2010	CY2011	CY2012
WI	MHS	Annual Dental Visit	All members	17.51%	18.40%	16.56%
WI	MHS	Annual Dental Visit	Members age 11 to 14			
WI	MHS	Annual Dental Visit	Members age 15 to 18			
WI	MHS	Annual Dental Visit	Members age 19 to 21	17.51%	18.40%	16.56%
WI	MHS	Annual Dental Visit	Members Age 2 to 3			
WI	MHS	Annual Dental Visit	Members age 4 to 6			
WI	MHS	Annual Dental Visit	Members age 7 to 10			

* Limited benefit for Members age 19-21 year old.



Florida Department of Children and Family Services
Medicaid
 Form CMS-416 Annual EPSDT Participation Report
Sunshine State Health Plan
 10/1/09 To 9/30/10

Enter Data in Blue Colored Out-Lined Cells Only		CHILD HEALTH CHECK-UP REPORT (CHCUP) [CMS-416]							
7 Digit Medicaid Provider ID Number :		UNAUDITED:	AUDITED: X						
		Reform: 0000839		NonReform: 0000436					
		Plan Name : Sunshine State Health Plan		The Unaudited Report is due on or before January 15. The Audited Report is due on or before October 1.					
Federal Fiscal Year : October 1, 2009 to Septemeber 30, 2010									
Sections V - HMO & PSN - Reform & Non-Reform Medicaid Contracts Do not include MediKids or CHCUPs performed by other HMOs, PSN, FFS providers.		Age Groups							
		Less than 1 Year	1-2 Yrs *	3-5 Yrs	6-9 Yrs	10-14 Yrs	15-18 Yrs	19-20 Yrs	Total
12a.	Total Eligibles receiving any dental services - <u>Unduplicated</u>	8	997	4,813	6,060	4,979	2,511	272	19,640
12b.	Total Eligibles receiving preventative dental services - <u>Unduplicated</u>	6	888	4,263	5,266	4,166	1,846	160	16,595
12c.	Total Eligibles receiving dental treatment services - <u>Unduplicated</u>	1	226	1,550	2,444	2,160	1,302	168	7,851
12d.	Total Eligibles Receiving a Sealant on a Permanent Molar				1,432	1,048			2,480
12e.	Total Eligibles Receiving Dental Diagnostic Services	8	974	4,622	5,723	4,689	2,350	245	18,611

* Includes 12-month visit

Use payment end date of December 31. Use only dates of service that fall within the report year.

Florida Department of Children and Family Services
Medicaid

Form CMS-416 Annual EPSDT Participation Report

Sunshine State Health Plan

10/1/10 To 9/30/11

Enter Data in Blue Colored Out-Lined Cells Only		CHILD HEALTH CHECK-UP REPORT (CHCUP) [CMS-416]							
7 Digit Medicaid Provider ID Number :		UNAUDITED:	AUDITED: X						
Plan Name :		Reform: 0000839		NonReform: 0000436					
Federal Fiscal Year :		October 1, 2010 - September 30, 2011					The Unaudited Report is due on or before January 15. The Audited Report is due on or before October 1.		
Sections V - HMO & PSN - Reform & Non-Reform Medicaid Contracts Do not include MediKids or CHCUPs performed by other HMOs, PSN, FFS providers.		Age Groups							
		Less than 1 Year	1-2 Yrs *	3-5 Yrs	6-9 Yrs	10-14 Yrs	15-18 Yrs	19-20 Yrs	Total
12a.	Total Eligibles receiving any dental services - <u>Unduplicated</u>	4	644	4,900	7,964	7,393	4,102	726	25,733
12b.	Total Eligibles receiving preventative dental services - <u>Unduplicated</u>	2	545	4,161	6,836	6,051	2,740	374	20,709
12c.	Total Eligibles receiving dental treatment services - <u>Unduplicated</u>	1	96	1,492	3,129	2,997	2,009	376	10,100
12d.	Total Eligibles Receiving a Sealant on a Permanent Molar				1,803	1,652			3,455
12e.	Total Eligibles Receiving Dental Diagnostic Services	4	621	4,481	7,169	6,574	3,576	629	23,054

* Includes 12-month visit

Use payment end date of December 31. Use only dates of service that fall within the report year.

Florida Department of Children and Family Services
Medicaid
 Form CMS-416 Annual EPSDT Participation Report
Sunshine State Health Plan
 10/1/11 To 9/30/12

Enter Data in Blue Colored Out-Lined Cells Only		CHILD HEALTH CHECK-UP REPORT (CHCUP) [CMS-416]								
7 Digit Medicaid Provider ID Number :		UNAUDITED:	AUDITED: X							
		Reform: 0008397		NonReform: 0000463						
		Plan Name : Sunshine State Health Plan		The Unaudited Report is due on or before January 15. The Audited Report is due on or before October 1.						
Federal Fiscal Year : October 1, 2011 - September 30, 2012										
Sections V - HMO & PSN - Reform & Non-Reform Medicaid Contracts Do not include MediKids or CHCUPs performed by other HMOs, PSN, FFS providers.		Age Groups								
		Less than 1 Year	1-2 Yrs *	3-5 Yrs	6-9 Yrs	10-14 Yrs	15-18 Yrs	19-20 Yrs	Total	
12a.	Total Eligibles receiving any dental services - <u>Unduplicated</u>	5	618	4,004	6,691	6,214	3,552	633	21,717	
12b.	Total Eligibles receiving preventative dental services - <u>Unduplicated</u>	1	560	3,500	5,848	5,220	2,416	366	17,911	
12c.	Total Eligibles receiving dental treatment services - <u>Unduplicated</u>	1	87	1,228	2,800	2,490	1,719	323	8,648	
12d.	Total Eligibles Receiving a Sealant on a Permanent Molar				1,672	1,507			3,179	
12e.	Total Eligibles Receiving Dental Diagnostic Services	4	584	3,557	5,678	5,214	2,821	514	18,372	

* Includes 12-month visit

Use payment end date of December 31. Use only dates of service that fall within the report year.



Georgia Families Report
Medicaid
Department of Community Health
Form CMS-416 Annual EPSDT Participation Report

Peach State Health Plan

10/1/09 To 9/30/10

Reporting Not Available for this Time Period



Georgia Families Report
Medicaid
Department of Community Health
 Form CMS-416 Annual EPSDT Participation Report

Peach State Health Plan

10/1/10 To 9/30/11

	Age Groups						
	<1	1 to 2	3 to 5	6 to 9	10 to14	15 to 18	19 to 20
12a. Total Eligibles Receiving Any Dental Services (CN)	277	10253	35554	35461	30011	13722	324
12b. Total Eligibles Receiving Preventive Dental Services (CN)	161	8240	33260	33647	28248	11864	200
12c. Total Eligibles Receiving Dental Treatment Services (CN)	39	2563	14509	16933	13083	7065	173
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth (CN)				9359	6277		
12e. Total Eligibles Receiving Dental Diagnostic Services (CN)	218	9863	34305	33905	28712	12814	264

**Georgia Families Report
 Medicaid
 Department of Community Health
 Form CMS-416 Annual EPSDT Participation Report**

Peach State Health Plan

10/1/11 To 9/30/12

	Age Groups						
	<1	1 to 2	3 to 5	6 to 9	10 to 14	15 to 18	19 to 20
12a. Total Eligibles Receiving Any Dental Services (CN)	88	6324	29822	34596	29691	14267	1627
12b. Total Eligibles Receiving Preventive Dental Services (CN)	66	5033	27351	32107	27549	12248	1137
12c. Total Eligibles Receiving Dental Treatment Services (CN)	12	1326	11891	17465	13272	7331	924
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth (CN)				8623	6043		
12e. Total Eligibles Receiving Dental Diagnostic Services (CN)	35	5580	28383	32341	27917	13109	1435



**Medicaid
Mississippi Division of Medicaid**

Magnolia Health Plan

Form CMS-416 Annual EPSDT Participation Report

1/1/2010 To 12/31/2010

Reporting Not Available for this Time Period

Magnolia Health Plan did not start enrolling members until January 1, 2011.

Medicaid
Mississippi Division of Medicaid

Magnolia Health Plan

Form CMS-416 Annual EPSDT Participation Report

1/1/2011 To 12/31/2011

Age Groups									
	CAT	Total	<1	1 to 2	3 to 5	6 to 9	10 to 14	15 to 18	19 to 20
12a. Total Eligibles Receiving Any Dental Services	CN:	3,424	3	82	551	848	1,106	684	150
12b. Total Eligibles Receiving Preventive Dental Services	CN:	2,707	0	64	467	713	911	478	74
12c. Total Eligibles Receiving Dental Treatment Services	CN:	1,423	0	7	146	317	485	384	84
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	526	0	2	10	163	264	79	8
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	3,110	3	82	491	798	1007	599	130

**Medicaid
Mississippi Division of Medicaid**

Magnolia Health Plan

Form CMS-416 Annual EPSDT Participation Report
1/1/2012 To 12/31/2012

Age Groups									
	CAT	Total	<1	1 to 2	3 to 5	6 to 9	10 to 14	15 to 18	19 to 20
12a. Total Eligibles Receiving Any Dental Services	CN:	4,373	8	150	634	1,149	1,381	889	162
12b. Total Eligibles Receiving Preventive Dental Services	CN:	3,629	3	107	547	1,009	1,210	651	102
12c. Total Eligibles Receiving Dental Treatment Services	CN:	1,882	0	19	171	470	628	504	90
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	752	0	2	19	256	369	100	6
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	3,914	8	134	571	1032	1250	773	146