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May 20, 2014

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 14-03

Applicable to:

- Comprehensive Long-term Care Plan
- Managed Medical Assistance Health Maintenance Organization
- Managed Medical Assistance Provider Service Network
- Managed Medical Assistance Specialty Plan

Re: Managed Care Provider Network Performance Measures for Nursing Facilities

In accordance with the contract, Attachment II, Core Provisions, s. VII.A.11, Long-term Care (LTC) plans must monitor the quality and performance of each participating provider using measures that are adopted by the Agency for Health Care Administration (Agency) as well as additional measures agreed upon by the provider and the LTC plan. The Agency has adopted the following measures for LTC plans to use to monitor participating nursing facilities.

Data Source: The Centers for Medicare and Medicaid Services (CMS) Nursing Home Compare website <http://www.medicare.gov/nursinghomecompare/>.

- 1) Does the nursing facility have an overall rating of two or more stars?
 - ❖ If the answer is yes, the analysis is complete and the nursing facility has met this measure.
 - ❖ If the answer is no, proceed with the analysis.
- 2) Within the section for Long-Stay Residents, does the nursing facility have a rating of two or more stars for the Quality Measures?
 - ❖ If the answer is no, the analysis is complete and the nursing facility has not met this measure.
 - ❖ If the answer is yes, proceed with the analysis.
- 3) Within the section for Long-Stay Residents, under the sub-section for Quality Measures, is the percentage of long-stay residents who received an antipsychotic medication at the nursing facility the same as the statewide average percentage or less than the statewide average percentage?
 - ❖ If the answer is no, the analysis is complete and the nursing facility has not met this measure.
 - ❖ If the answer is yes, the analysis is complete and the nursing facility has met this measure.

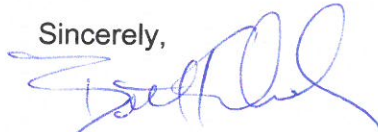


At a minimum, LTC plans must use these provider network performance measures when re-credentialing a nursing facility provider.

After 12 months of active participation in the network, a LTC plan may exclude a qualified nursing facility from its network if the qualified nursing facility does not meet this measure. LTC plans are not required to exclude a qualified nursing facility that does not meet this provider network performance measure and must consider network adequacy requirements when making the decision to exclude a nursing facility from its network of providers.

If you have questions, please contact your Agency contract manager.

Sincerely,



Beth Kidder
Assistant Deputy Secretary
for Medicaid Operations

BK/sr