December 16, 2016

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 16-35

Applicable to:
- Comprehensive Long-term Care (LTC) Plan
- Managed Medical Assistance Health Maintenance Organization
- Managed Medical Assistance Provider Service Network
- Managed Medical Assistance Specialty Plan
- Children’s Medical Services (CMS) Plan

Applicable to enrollees in:
- Managed Medical Assistance (MMA)
- Long-term Care (LTC)

Re: Revised Performance Measures and Enrollee Satisfaction Survey Requirements for July 1, 2017 Reporting Period

Managed care plans must collect statewide data on enrollee performance measures, as defined by the Agency and as specified in the SMMC Performance Measure Tables, the Managed Care Plan Report Guide, and the Performance Measures Specifications Manual. (Attachment II, Section VII.B.1.) Managed care plans must conduct annual enrollee satisfaction surveys. (Attachment II, Section VII.D.1.) The purpose of this policy transmittal is to notify managed care plans of revised performance measures, revised reporting submission requirements, and additional enrollee satisfaction survey requirements that are effective for reports due on July 1, 2017.

Revised Performance Measures: Managed Medical Assistance Plans

Managed Medical Assistance plans must use the revised SMMC Performance Measure Table in the attachment to this policy transmittal for the July 1, 2017 reporting period. (Attachment II, Exhibit II-A, Section VII.B.1.)

Managed Medical Assistance plans will not be assessed liquidated damages for the following new performance measures for the first year of reporting.

- Follow-Up After Emergency Department Visit for Mental Illness – (FUM)
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence Treatment – (FUA)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications – (SSD)

1 The citation for the CMS plan is Attachment I, Section VII.B.
2 The citation for the CMS plan is Attachment I, Section VII.D.1.
**Revised Performance Measures: Children’s Medical Services Plan**

The Children’s Medical Services (CMS) plan must use the revised SMMC Performance Measure Table in the attachment to this policy transmittal for the July 1, 2017 reporting period. (Attachment II, Section VII.B.1.b.)

The CMS plan is no longer required to report on the following performance measure: Developmental Screening in the First Three Years of Life (DEVSCR), effective for the July 1, 2017 reporting period. (Attachment I, Section VII.B.1.b.28.)

The CMS plan will not be assessed liquidated damages for the following new performance measures for the first year of reporting:

- Antidepressant Medication Management – (AMM)
- Adult BMI Assessment – (ABA)
- Comprehensive Diabetes Care – (CDC)
- Annual Monitoring for Patients on Persistent Medications – (MPM)
- Follow-Up After Emergency Department Visit for Mental Illness – (FUM)
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence Treatment – (FUA)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications – (SSD)

**Revised Performance Measures: Child Welfare Specialty Plan**

The Child Welfare specialty plan is no longer required to report on the following performance measure: Developmental Screening in the First Three Years of Life (DEVSCR), effective for the July 1, 2017 reporting period. (Attachment II, Exhibit II-C, Section VII.B.1.b.)

The Child Welfare specialty plan is no longer required to report on the following performance measures, effective for the July 1, 2017 reporting period. (Attachment II, Exhibit II-C, Section VII.B.1.b.)

- Adults’ Access to Preventive/Ambulatory Health Services
- Adult BMI Assessment
- Annual Monitoring for Patients on Persistent Medications
- Antidepressant Medication Management
- Breast Cancer Screening
- Cervical Cancer Screening
- Comprehensive Diabetes Care
- Controlling High Blood Pressure
- Plan All-Cause Readmissions

**Revised Performance Measures: Serious Mental Illness Specialty Plan**

The Serious Mental Illness specialty plan is no longer required to report on the following performance measure: diabetes screening for people with schizophrenia or bipolar disorder who...
are using antipsychotic, effective for the July 1, 2017 reporting period. (Attachment II, Exhibit II-C, Section VII.B.1.b.(1))

**Revised Performance Measures: Chronic Disease Specialty Plan**

The Chronic Disease specialty plan must use the revised SMMC Performance Measure Table in the attachment to this policy transmittal for the July 1, 2017 reporting period. (Attachment II, Exhibit II-C, Section VII.A.1.b.)

**Revised Submission Requirements for Report Guide: Chapter 12**

Managed care plans that generate an Interactive Data Submission System file as part of their Healthcare Effectiveness Data and Information Set (HEDIS) process, must submit an Excel file of the HEDIS National Committee for Quality Assurance Patient-Level Detail File with the Chapter 12: Performance Measures Report LTC & MMA for the July 1, 2017 reporting period.

**Revised Enrollee Satisfaction Surveys: Managed Medical Assistance Plans**

All managed care plans serving Managed Medical Assistance enrollees must include the additional language below in the annual Adult and Child Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey for the July 1, 2017 reporting period. (Attachment II, Exhibit II-A, Section VII.D.1.a. )

> Question to be added: How would you rate the number of doctors you had to choose from?

> Response options: Excellent; Very Good; Good; Fair; Poor; or No Experience.

If you have any questions, please contact your Agency contract manager at (850) 412-4004.

Sincerely,

Beth Kidder
Interim Deputy Secretary for Medicaid

BK/sr
Attachment

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3 The citation for the CMS Plan contract is Attachment I, Section VII.D.1.f.