



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

August 30, 2017

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 17-17

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: Ad Hoc Request for Documentation for Annual Validation of Performance Measures

The managed care plan may be required to provide the Agency or its agents information or data relative to this contract. In such instances, and at the direction of the Agency, the managed care plan must fully cooperate with such requests and furnish all data or information in a timely manner, in the format in which it is requested. The managed care plan must have at least thirty (30) days to fulfill such ad hoc requests, unless the Agency directs the managed care plan to provide data or information in less than 30 days. The managed care plan must verify that data and information it submits to the Agency is accurate. (Attachment II, Section II.D.2.¹) The managed care plan must cooperate with the External Quality Review Organization (EQRO) during the external quality review activities, which may include independent medical/case record review. (Attachment II, Section VII.A.6.b.²)

The Agency must complete an annual validation of the performance measures reported by the managed care plan, in accordance with 42 CFR 438.358(b)(1)(ii). The Agency has contracted with Health Services Advisory Group, Inc. (HSAG) to perform the validation for state fiscal year 2017-2018 reporting (covering calendar year 2016 as the measurement period). HSAG, as the EQRO, will conduct the validation activities as outlined in the Centers for Medicare & Medicaid Services (CMS) publication, [EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review \(EQR\), Version 2.0, September 1, 2012](#); this publication is accessible on this CMS web site <https://www.medicare.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html>.

¹ The citation for the CMS plan contract is Attachment I, Section II.D.2.

² The citation for the CMS plan contract is Attachment I, Section VII.A.5.b.



This ad hoc request requires the managed care plan to provide HSAG with the following items **by close of business (COB) Eastern Time, September 13, 2017**, so that HSAG can conduct a validation of the managed care plan's performance measures:

- 1) Completed Healthcare Effectiveness Data and Information Set (HEDIS) 2017 Record of Administration, Data Management, and Processes (**Roadmap**) which was completed as a part of the HEDIS Compliance Audit process;
- 2) HEDIS 2017 final audit report and final audit statement, completed by the NCQA-licensed audit organization (at a minimum, the report should include the final audit statement, the auditor's methods in conducting the audit, and Information Standards (IS) standard compliance findings); and
- 3) Final auditor locked Interactive Data Submission System (IDSS) files in .csv format.

The managed care plan must submit all requested documentation to HSAG via email to Ms. Timea Jonas at tjonas@hsag.com. Any documentation that is too large to submit via email or that contains protected health information can be uploaded to HSAG's secure file transfer protocol (FTP) site. For assistance with HSAG's FTP site, contact Ms. Timea Jonas by either emailing tjonas@hsag.com or by calling (602) 801-6854.

Sincerely,



Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/sr