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GOVERNOR

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SECRETARY

August 22, 2018

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 18-16

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 2018-2019 reporting (covering calendar year 2017 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.medicaid.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 documentation, so that HSAG can conduct a validation of the managed care plan's performance measures:

1. Completed Healthcare Effectiveness Data and Information Set (HEDIS) 2018 Record of Administration, Data Management, and Processes (**Roadmap**) which was completed as a part of the HEDIS Compliance Audit process;
2. Final auditor locked HEDIS 2018 Medicaid Interactive Data Submission System Microsoft Excel Comma Separated Values (.csv), and Microsoft Excel workbook (.xls or .xlsx) files for data submission to NCQA;
3. Final Audit Report (FAR) documents with attachments, if any, in Microsoft Word (.doc or .docx) or Adobe Acrobat (.pdf) prepared by your NCQA Licensed Organization for Medicaid audits conducted for HEDIS 2018 for measurement year 2017. At a minimum, the report should include the final audit statement, the auditor's methods in conducting the audit, and information systems standard compliance findings; and
4. Florida Managed Care Plan Non-HEDIS Performance Measure Data Submission for July 1, 2018 Reporting.

The managed care plan must submit all requested documentation to HSAG's file transfer protocol (FTP) site at <https://fm.hshapps.com/login.aspx>, by **close of business Eastern Time on Friday, September 7, 2018**. The managed care plan must submit the above items as follows:

- Items 1. through 3. to the following location on HSAG's FTP site: Florida\Healthplans\[Health Plan Name]\HEDIS 2018; and
- Item 4. to the following location on HSAG's FTP site: Florida\Healthplans\[Health Plan Name]\Non-HEDIS 2018.

The managed care plan must confirm submission of all requested documentation to HSAG's FTP site by emailing Danielle Arsenault at darsenault@hsag.com and Nicole Fair at nfair@hsag.com by **close of business Eastern Time, on Friday, September 7, 2018**. For assistance with HSAG's FTP site, contact Danielle Arsenault via email or by calling (602) 801-6705.

Sincerely,



Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality