



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 16, 2018

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 18-6

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: Performance Measure Action Plans

The managed care plan must comply with all requirements and performance standards set forth in the contract. (Attachment II, Section XI.A.1.¹) The Agency may require the managed care plan to submit to the Agency a performance measure action plan (PMAP) within a timeframe specified by the Agency. (Attachment II, Section XI.A.4.²) The purpose of this policy transmittal is to inform the managed care plan of a requirement for submission of a PMAP to the Agency, using the template attached to this policy transmittal, for the managed care plan's failure to meet minimum scores on specified performance measures in their July 1, 2018 performance measure and Child Health Check Up submissions.

The instructions tab in the attached PMAP template provides a list of select performance measures for which one or more managed care plans did not achieve the minimum score. This list divides the performance measures up into four groups, and includes a separate tab for each group of performance measures. Your Agency contract manager will provide you with a list of measures for which your managed care plan must develop a PMAP. The managed care plan must submit one completed PMAP template tab for each group of performance measures identified by the Agency, and each PMAP must acknowledge each deficient measure.

The managed care plan must upload its completed PMAP template to the managed care plan's ad hoc report folder on the Statewide Medicaid Managed Care FTP site no later than the close of business on March 23, 2018, using the following naming convention: PMAP***YYYYMM, where *** is the managed care plan's three-character identifier, YYYY is the four-digit year, and MM is the two-digit month in which the template is being submitted.

¹ The citation for the CMS Plan is Attachment I, Section XI.A.1.

² The citation for the CMS Plan is Attachment I, Section XI.A.4.



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The managed care plan must upload its completed PMAP template, with a six (6) months progress update, to the managed care plan's ad hoc report folder on the Statewide Medicaid Managed Care FTP site no later than the close of business on September 24, 2018, using the following naming convention: PMAP***YYYYMM, where *** is the managed care plan's three-character identifier, YYYY is the four-digit year, and MM is the two-digit month in which the template is being submitted.

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

Sincerely,



Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/dp
Attachment