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January 26, 2018

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 18-03

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 Requirements for Performance Measures, Quality Improvement Plan, Enrollee Satisfaction Survey, and Provider Satisfaction Survey for July 1, 2018 Reporting Period**

The purpose of this policy transmittal is to notify managed care plans of revised performance measure, quality improvement plan, enrollee satisfaction survey, provider satisfaction survey-related contract requirements, and revised due dates beginning with the July 1, 2018 reporting.

#### **Revised Performance Measures: Managed Medical Assistance (MMA) & Specialty Plans**

MMA managed care plans must collect and report on the specific measures listed in the SMMC MMA Performance Measure Table. (Attachment II, Exhibit II-A, Section VII.B.1.a.<sup>1</sup>) MMA managed care plans must use the revised SMMC MMA Performance Measure Table in the attachment to this policy transmittal beginning with the July 1, 2018 reporting.

The Agency will not assess liquidated damages for the performance measures listed below, for the first year of reporting by MMA managed care plans.

- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
- Contraceptive Care – Postpartum Women Ages 15-20
- Contraceptive Care – Postpartum Women Ages 21-44
- Use of Opioids at High Dosage
- Use of Opioids from Multiple Providers

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<sup>1</sup> The citation for the CMS plan is Attachment I, Section VII.B.1.b.



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

The Child Welfare Specialty managed care plan must collect and report on the specific measures listed in the SMMC Child Welfare Specialty Plan Performance Measure Requirements. (Attachment II, Exhibit II-C, Section VII.B.1.) The Child Welfare Specialty managed care plan is required to report the MMA plan performance measure for Adult BMI Assessment beginning with the July 1, 2018 reporting. The Child Welfare Specialty managed care plan is not required to report the following Child Welfare Specialty plan performance measures beginning with the July 1, 2018 reporting.

- Adults' Access to Preventive/Ambulatory Health Services – (AAP)
- Breast Cancer Screening – (BCS)
- Cervical Cancer Screening – (CCS)
- Annual Monitoring for Patients on Persistent Medications (MPM)
- Antidepressant Medication Management (AMM)
- Comprehensive Diabetes Care (CDC)
- Controlling High Blood Pressure – (CBP)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia – (SAA)
- Use of Opioids at High Dosage – (UOD)
- Use of Opioids from Multiple Providers – (UOP)
- Plan All-Cause Readmissions – (PCR)
- Medical Assistance with Smoking and Tobacco Use Cessation – (MSC)
- Contraceptive Care – Postpartum Women Ages 21-44 – (CCP-AD)

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

The Chronic Disease Specialty managed care plan is not required to report the following MMA plan performance measures beginning with the July 1, 2018 reporting. (Attachment II, Exhibit II-C, Section VII.A.1.)

- Adolescent Well-Care Visits – (AWC)
- Annual Dental Visit – (ADV)
- Cervical Cancer Screening – (CCS)
- Childhood Immunization Status – (CIS)
- Follow-up Care for Children Prescribed ADHD Medication – (ADD)
- Immunizations for Adolescents – (IMA)
- Chlamydia Screening in Women – (CHL)
- Prenatal and Postpartum Care – (PPC)
- Medication Management for People with Asthma – (MMA)
- Well-Child Visits in the First 15 Months of Life – (W15)
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life – (W34)
- Children and Adolescents' Access to Primary Care Practitioners – (CAP)
- Lead Screening in Children – (LSC)
- Frequency of Ongoing Prenatal Care – (FPC)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia – (SAA)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics – (APM)

- Use of Multiple Concurrent Antipsychotics in Children and Adolescents – (APC)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics – (APP)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications – (SSD)
- Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk – (SEAL)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents – (WCC)
- Contraceptive Care – Postpartum Women Ages 15-20 – (CCP-CH)
- Contraceptive Care – Postpartum Women Ages 21-44 – (CCP-AD)

**Revised Due Date: Quality Improvement Plan: All Plans**

Managed care plans must develop and maintain a written quality improvement plan (QI plan) and submit its QI plan to the Agency within thirty (30) days from execution of the initial contract. (Attachment II, Section VII.A.5.a.<sup>2</sup>) Managed care plans must now submit the updated QI plan (along with the findings from its annual QI program evaluation) to the Agency by February 26, 2018.

**Revised Due Date: Enrollee Satisfaction Survey Materials: All Plans**

Managed care plans must submit to the Agency in writing, a proposal for survey administration and reporting that also includes identification of survey administrator and evidence of NCQA certification as a CAHPS survey vendor; sampling methodology; administration protocol; analysis plan; and reporting description. (Attachment II, Section VII.D.1.c.<sup>3</sup>) Managed care plans must now submit the enrollee satisfaction survey plan (including the survey tool and cover letter and/or postcards) to the Agency no later than seven (7) calendar days from the date of this policy transmittal.

**Revised Enrollee Satisfaction Surveys: Long-term Care Plans**

LTC managed care plans must conduct an annual enrollee satisfaction survey for a time period specified by the Agency, using the revised Enrollee Survey for Long-term Care Plans provided February 20, 2014 and located at:

[http://ahca.myflorida.com/Medicaid/statewide\\_mc/pdf/LTC/LTC\\_Plan\\_Enrollee\\_Survey\\_February\\_2014.pdf](http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/LTC/LTC_Plan_Enrollee_Survey_February_2014.pdf). (Attachment II, Exhibit II-B, Section VII.D.1.a.) Instead of the provisions in Attachment II, Exhibit II-B, Section VII.D.1.a., LTC managed care plans must now conduct an annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey for a time period specified by the Agency, using the Home and Community-Based CAHPS Survey 1.0. The HCBS CAHPS Survey is available online at: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/cahps-hcbs-survey/index.html>.

LTC managed care plans must follow the Survey Administration Guidelines (1) through (6), when conducting the annual enrollee satisfaction survey. (Attachment II, Exhibit II-B, Section VII.D.1.b.) Instead of the provisions in Attachment II, Exhibit II-B, Section VII.D.1.b., LTC

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<sup>2</sup> The citation for the CMS plan is Attachment I, Section VII.A.4.a.

<sup>3</sup> The citation for the CMS plan is Attachment I, Section VII.D.1.c.

managed care plans must now follow the Survey Administration Guidelines (1) through (6) listed below:

- (1) The LTC managed care plans must contract with an Agency-approved survey vendor certified by the National Committee for Quality Assurance (NCQA) to administer the HCBS CAHPS Survey.
- (2) The survey must be administered telephonically or in-person.
- (3) The minimum sample size is 2,000, with a target of 411 completed surveys. The managed care plan must have its sample validated by a NCQA-certified HEDIS Auditor.
- (4) To be included in the survey sample, enrollees must have been enrolled in the LTC managed care plan and receiving home and community-based services for at least three (3) consecutive months.
- (5) LTC managed care plans must submit an Excel file of the survey results (including the responses to each survey item for each respondent) as well as an Excel file of the tabulated response rates for the plan for each survey item. The LTC managed care plan's survey vendor must attest to the accuracy and completeness of these files. The LTC managed care plan must submit an attestation to the Agency, in accordance with the requirements in Chapter 2 of the [Statewide Medicaid Managed Care \(SMMC\) Managed Care Plan Report Guide](#), regarding the accuracy and completeness of these files.
- (6) Survey results are due to the Agency by September 1 of each year beginning with the 2018 survey.

**Revised Due Date: Enrollee Satisfaction Surveys: Long-term Care Plans**

LTC managed care plans must submit to the Agency, a written proposal for survey administration and reporting that includes identification of the survey administrator and evidence of NCQA certification as a CAHPS survey vendor; sampling methodology; administration protocol; analysis plan; and reporting description. (Attachment II, Exhibit II-B, Section VII.D.1.c.) LTC managed care plans must now submit the LTC enrollee satisfaction survey plan (including survey tool and script used to administer the survey) to the Agency by March 15, 2018.

**Revised Due Date: Provider Satisfaction Survey Materials: All Plans**

Managed care plans must submit a provider satisfaction survey plan (including tool and methodology) to the Agency for written approval within ninety (90) days after the initial contract execution and annually thereafter. (Attachment II, Section VII.D.2.a.<sup>4</sup>) Managed care plans must now submit the provider satisfaction survey plan (including tool and methodology) to the Agency no later than seven (7) calendar days from the date of this policy transmittal.

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<sup>4</sup> The citation for the CMS plan is Attachment I, Section VII.D.2.a.

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and Provider Satisfaction Survey Requirements for July 1, 2018 Reporting Period  
January 26, 2018  
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If you have any questions, please contact your Agency contract manager at (850) 412-4004.

Sincerely,

A handwritten signature in blue ink that reads "Devona Pickle for Shevaun Harris". The signature is written in a cursive style.

Shevaun Harris  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

SH/sr  
Attachment: Revised Performance Measures