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Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2022-08

Applicable to the **2018-2023 SMMC contract benefits** for:

- Managed Medical Assistance (MMA) and MMA Specialty
- Long-Term Care (LTC)
- Dental

Re: Health Plan Performance Measures and Enrollee Satisfaction Survey Requirements for July 1, 2023 Reporting

The managed care plan must collect and report the performance measures in the Required Performance Measures Table, Table 6, below, certified via a qualified auditor. (Attachment II, Exhibit II-A, Section IX.B.1.a., Table 6) The managed care plan must contract with a qualified, Agency-approved, National Committee for Quality Assurance (NCQA)-certified vendor to conduct annual enrollee satisfaction surveys required under this Contract. (42 CFR 438.66(c)(5)) (Attachment II, Section IX.D.1.d.) The purpose of this policy transmittal is to notify the managed care plan of changes in the performance measures and enrollee satisfaction survey requirements for July 1, 2023, reporting.

Discontinued MMA Performance Measures

The managed care plan is no longer required to report on the following performance measures beginning with July 1, 2023, reporting for calendar/measurement year 2022 services.

Healthcare Effectiveness Data and Information Set (HEDIS)	
7	Comprehensive Diabetes Care – (CDC): all components
Child Core Set	
32	Elective Delivery – (PC-01)

Modified MMA Performance Measure

The managed care plan must report on the following performance measure as modified beginning with July 1, 2023, reporting for calendar/measurement year 2022 services.

Healthcare Effectiveness Data and Information Set (HEDIS)	
25	Follow-up After Emergency Department Visit for Substance Use – (FUA)

Note: The National Committee for Quality Assurance has changed the name of the *Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence Treatment measure* to *Follow-up After Emergency Department Visit for Substance Use*.

New MMA Performance Measures

The managed care plan is required to report on the following performance measures beginning with July 1, 2023 reporting, for calendar/measurement year 2022 services.



Healthcare Effectiveness Data and Information Set (HEDIS)
Colorectal Cancer Screening – (COL)
Hemoglobin A1c Control for Patients with Diabetes – (HBD)
Blood Pressure Control for Patients with Diabetes – (BPD)
Eye Exam for Patients with Diabetes – (EED)
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis – (AAB)

Changes to MMA Performance Measures with Race/Ethnicity Stratification Reporting

The managed care plan must report on each of the following performance measures by each race/ethnic stratification at the statewide level, for the reporting due to the Agency July 1, 2023, for calendar/measurement year 2022.

- Adherence to Antipsychotic Medications for People with Schizophrenia (SAA)
- Adult Access to Preventive/Ambulatory Health Services (AAP) – all measure components (total and age breakouts)
- Child and Adolescent Well-Care Visits (WCV) – all measure components (total and age breakouts)
- Colorectal Cancer Screening (COL)
- Controlling High Blood Pressure (CBP)
- HbA1c Control for Patients with Diabetes (HBD)
- Prenatal and Postpartum Care – both measure components

Modification to Enrollee Satisfaction Survey Requirement (LTC)

The minimum sample size for the HCBS CAHPS Survey referenced in Attachment II, Exhibit II-B, Section IX. D.1.c.(4) is changing from 2,000 to 5,000, with a target of 411 completed surveys. The managed care plan shall have its sample validated by an NCQA-certified HEDIS Auditor for calendar/measurement year 2023.

Long-term Care (LTC) Performance Measures

No changes are being made to the LTC performance measure requirements. For the measures that require use of a sample, the managed care plan is required to continue to use a sample size of 411 for calendar/measurement year 2022.

If you have any questions, please contact your Agency contract manager.

Sincerely,



Tom Wallace
Deputy Secretary for Medicaid