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September 16, 2024

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2024-12

Applicable to the **2018-2024 SMMC contract benefits** for:

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

Re: MMA and LTC Performance Measure Changes for July 1, 2025 Reporting (Measurement Year 2024)

The managed care plan must collect and report the performance measures in the Required Performance Measures Table, Table 6, certified via a qualified auditor (Attachment II, Exhibit II-A, Section IX.B.1.a., Table 6). The purpose of this policy transmittal is to notify the managed care plan of changes in the performance measures for July 1, 2025 reporting.

Discontinued MMA Performance Measure

The managed care plan is no longer required to report on the following performance measure beginning with July 1, 2025, reporting for calendar/measurement year 2024 services.

Healthcare Effectiveness Data and Information Set (HEDIS)	
18.	Ambulatory Care (AMB)

Modified MMA Performance Measures

The managed care plan must report on the following performance measures as modified beginning with July 1, 2025 reporting, for calendar/measurement year 2024 services.

Healthcare Effectiveness Data and Information Set (HEDIS)	
7.	Glycemic Status Assessment for Patients with Diabetes (GSD) – new name
11.	Follow-up Care for Children Prescribed ADHD Medication (ADD-E)
14.	Prenatal and Postpartum Care (PPC) – age breakout samples required
22.	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)
28.	Colorectal Cancer Screening (COL-E)

- The National Committee for Quality Assurance has changed the name of the “Hemoglobin A1c Control for Patients with Diabetes (HBD)” measure to “Glycemic Status Assessment for Patients with Diabetes.”
- The National Committee for Quality Assurance has retired the administrative versions of the COL, ADD, and APM measures and retained the electronic measures, using Electronic Clinical Data Systems (ECDS).
- For Adult and Child Core Set reporting, the Prenatal and Postpartum Care measure components must be run and reported separately for the Under Age 21 and the Age 21 and Older populations. If the plan uses the hybrid methodology for this measure, a separate sample must be drawn for each age group.



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, 2025.

- Adherence to Antipsychotic Medications for People with Schizophrenia (SAA)
- Adult Access to Preventive/Ambulatory Health Services (AAP)
- Asthma Medication Ratio (AMR)
- Breast Cancer Screening (BCS-E)
- Cervical Cancer Screening (CCS)
- Childhood Immunization Status (CIS)
- Colorectal Cancer Screening (COL-E)
- Controlling High Blood Pressure (CBP)
- Eye Exam for Patients with Diabetes (EED)
- Follow-up after ED Visits for Mental Illness (FUM)
- HbA1c Control for Patients with Diabetes (HBD)
- Immunizations for Adolescents (IMA)
- Kidney Health Evaluation for Patients with Diabetes (KED)

New Stratifications

The managed care plan must stratify the following measures by three separate categories at the statewide level for the reporting due July 1, 2025, using established data standards as follows:

- Race and ethnicity, using 2024 Office of Management and Budget (OMB) Statistical Policy Directive No. 15 (Directive No. 15): Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity;¹
- Sex, defined as biologic sex, using the 2011 HHS standards;² and
- Geography, using a minimum standard of core-based statistical area (CBSA)³ with recommendation to move towards Rural-Urban Commuting Area Codes.⁴

The Agency will provide additional details on these three categories as they become available from the Centers for Medicare and Medicaid Services (CMS).

Measures:

- Child and Adolescent Well-Care Visits (WCV)
- Follow-up after ED Visits for Substance Use (FUA)
- Follow-up after Hospitalization for Mental Illness (FUH)
- Initiation and Engagement of Substance Use Disorder Treatment (IET)
- Prenatal and Postpartum Care – both components and age groups (PPC)
- Well-Child Visits in the First 30 Months of Life (W30)

¹ Directive No. 15: <https://www.federalregister.gov/d/2024-06469>

² <https://aspe.hhs.gov/reports/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-disability-0>

³ <https://www.census.gov/geographies/reference-maps/2020/geo/cbsa.html>

⁴ <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/>

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 2024.

Plan Reporting Requirements

The managed care plan must comply with the Managed Care Plan Report Guide in submitting required reports, including the report formats, templates, instructions, data specifications, submission timetables and locations, and other materials contained in the guide. The Managed Care Plan Report Guide is posted on the Agency's website (Attachment II, Section XVI.A.1.c.). In addition to the existing Performance Measures Report components, the Agency is developing a file layout for a patient-level detail data submission, to capture information on which plan members are included in the calculations for each performance measure. This level of detail is necessary due to additional reporting requirements in the mandatory Adult and Child Core Set guidance from the Centers for Medicare and Medicaid Services. Additional details will be forthcoming.

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

Sincerely,



Austin Noll
Deputy Secretary
Medicaid Policy, Quality and Operations

AN/jp