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September 16, 2024

Statewide Medicaid Managed Care (SMCC) Policy Transmittal: 2024-13

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

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

Re: Dental Plan Performance Measures for July 1, 2025 Reporting (Measurement/Calendar Year 2024)

The dental plan must collect data and report on the following performance measures, certified via a National Committee for Quality Assurance (NCQA) Certified Healthcare Effectiveness Data and Information Set (HEDIS) auditor. (Attachment II, Section IX.B.2.c., Table 5) The purpose of this policy transmittal is to notify the dental plan of changes in the performance measures for July 1, 2025, reporting.

Dental Plan Performance Measures Table

There are no changes to the performance measures for the dental plans.

Table 5 in Attachment II, Section IX.B.2.c. remains the following:

TABLE 5 PERFORMANCE MEASURES	
Child Core Set	
1.	Sealant Receipt on Permanent First Molars – (SFM-CH)
2.	Oral Evaluation, Dental Services – (OEV-CH)
3.	Topical Fluoride for Children – (TFL-CH)
Dental Quality Alliance	
4.	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children – (EDV-CH)
5.	Follow-up after Emergency Department Visits for Dental Caries in Children – (EDF-CH)
6.	Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults – (EDV-A)
7.	Treatment Services (Pediatric Measure) – (TRT-CH)
8.	Caries Risk Documentation - (CRD)
Agency-Defined	
9.	Annual Dental Visits – (ADV-AD)*
10.	Preventive Dental Services - (PDENT) [Based on CMS-416]

*Annual Dental Visit should be calculated using the CY 2022 HEDIS specifications for the measure.



Requirement for Stratification Reporting

The dental plan must stratify the Oral Evaluation (OEV-CH) measure by three separate categories for the reporting due to the Agency July 1, 2025, for calendar/measurement year 2024 services, 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).

Plan Reporting Requirements

The dental 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

Attachment: Dental Performance Measure Specifications for July 1, 2025 Reporting

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/>