



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

March 22, 2019

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 2018-07

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

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

Re: Revised Requirements for Performance Measures and Provider and for Enrollee Satisfaction Surveys

The Agency for Health Care Administration (Agency) issues policy transmittals to make ad hoc requests for the managed care plan to provide additional information to the Agency or to advise the managed care plan of anticipated changes in the contract, including changes in reporting requirements, changes in state or federal law, amended federal waiver requirements, or new Agency directives. The purpose of this policy transmittal is to notify the managed care plan of revised performance measures and changes to provider and enrollee satisfaction survey due dates and related contract requirements.

Revised MMA Performance Measures

The managed care plan must submit the first MMA Performance Measure Report to the Agency no later than July 1, 2019, covering the measurement period of year 2018. Effective with July 1, 2019 reporting, the managed care plan must begin using the attached, revised MMA Performance Measures Technical Specification Manual.

In addition to the specific measures listed in the SMMC MMA Performance Measure Table (Attachment II, Exhibit II-A, Section IX.B.1.a.), the MMA managed care plan must collect and report on the new performance measure, Asthma Medication Ratio, instead of the current measure, Medication Management for People with Asthma.

The managed care specialty plan that serves enrollees with HIV/AIDS must use the HIV/AIDS Attachment for July 1, 2019 reporting that is attached to this policy transmittal and referenced in the MMA Performance Measures Technical Specification Manual.

Revised MMA Satisfaction and Experience Surveys

The managed care plan must conduct an annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey for a time period specified by the Agency, using the CAHPS Health Plan Survey – Medicaid Survey 5.0. (Attachment II, Exhibit II-A, Section IX.D.1.a.) In addition to the requirements of Attachment II, Exhibit II-A, Section IX.D.1.b., the managed care plan must include items MH1 through MH4 (related to Behavioral Health) in the Child CAHPS survey. The managed care plan providing services under the 2014-2018 SMMC contracts and continuing under the 2018-2023 contract must submit CAHPS results to the Agency by July 1, 2019. Managed care plans new to the SMMC program must begin submitting CAHPS results to the Agency by July 1, 2020.



Provider Satisfaction Surveys

The SMMC contract requires the managed care plan to conduct the Provider Satisfaction Survey, compile and analyze its survey results, and provide the survey results to the Agency by July 1 of each contract year. (Attachment II, Section IX.D.2.d.) The managed care plan is not required to submit Provider Satisfaction Survey results for the first year of the 2018-2023 contract; instead, the managed care plan must provide its first submission for Provider Satisfaction Survey results to the Agency by July 1, 2020. The Agency will issue a standardized Agency survey tool and additional guidance regarding the Provider Satisfaction Survey at a later date.

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/sr

Attachment 1: MMA Performance Measures Technical Specification Manual
Attachment 2: Specialty Plan HIV-AIDS Attachment for July 1, 2019 Reporting