



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

August 2, 2019

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2019-15

Applicable to the following benefits in the **2018-2023 SMMC contract**:

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

Re: Performance Measures Report, Provider Satisfaction Survey, and Enrollee Satisfaction Survey

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.

Performance Measures

The managed care plan must collect and report performance measures listed in the Centers for Medicare and Medicaid Services and Mathematica Managed Long-Term Services and Supports (LTSS) Measures Table, to comply with the requirements in Attachment II, Exhibit II-B, Section XVI., Reporting Requirements, and the Managed Care Plan Report Guide. (Attachment II, Exhibit II-B, Section IX.B.2.a.(1))

The Agency has extended the deadline for submission of this year's performance measures report. The managed care plan must now submit the performance measures report to the Agency by close of business November 1, 2019.

For the performance measure report due to the Agency by close of business November 1, 2019, the managed care plan:

- ❖ Is not to provide data in the performance measures report template's 'LTC Plan' tab;
- ❖ Must utilize the revised LTC Performance Measures Technical Specification Manual attached to this policy transmittal and report results for **only** these four measures: 1) LTSS Comprehensive Assessment and Update; 2) LTSS Comprehensive Care Plan and Update; 3) LTSS Shared Care Plan with Primary Care Practitioner; and 4) LTSS Reassessment/Care Plan Update After Inpatient Discharge;
- ❖ Must include dates of service for calendar year 2018 when the managed care plan provided LTC benefits under both the 2014-2018 contract and the 2018-2023 contract;
- ❖ Will not be assessed liquidated damages or sanctions for LTC performance measure results that do not meet targets when the results include calendar year 2018 dates of services;
- ❖ Will be assessed liquidated damages and sanctions due to incomplete, late, and/or inaccurate reporting when the results include calendar year 2018 dates of services; and



- ❖ Must utilize the Measures for Medicaid Managed Long-Term Services and Supports Plans Technical Specifications and Resource Manual available at https://www.medicaid.gov/medicaid/managed-care/downloads/ltss/mltss_assess_care_plan_tech_specs.pdf.

Enrollee Satisfaction and Experience Survey

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 Home and Community-Based CAHPS Survey 1.0., available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/cahps-hcbs-survey/index.html>. (Attachment II, Exhibit II-B, Section IX.D.1.a)

The Agency has extended the deadline for submission of this year's annual CAHPS survey. The managed care plan must now submit the annual CAHPS survey results to the Agency by close of business November 1, 2019, rather than by close of business September 1, 2019.

The managed care plan must utilize the following guidelines to submit the annual CAHPS survey.

- 1) The managed care plan must contract with an Agency-approved survey vendor certified by the National Committee for Quality Assurance (NCQA) to administer the Home and Community-Based Services (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. If a plan has fewer than 2,000 members meeting the criteria to be in the sample, all members should be included. The managed care plan must have its sample validated by a NCQA-certified HEDIS Auditor. Due to historically low response rates for this survey, the Agency encourages plans to oversample and to consider other steps to increase response rates in order to meet the target number of completed surveys. These other steps may include sending a pre-notification letter and/or postcard to enrollees to let them know they may be called to participate in the survey and increasing the number of call attempts made to enrollees on different days and at different times.
- 4) To be included in the survey sample, enrollees must have been enrolled in the managed care plan covering LTC benefits and receiving home and community-based services for at least three (3) consecutive months.
- 5) The managed care plan 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 managed care plan's survey vendor must attest to the accuracy and completeness of these files. The 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.

Provider Satisfaction Survey

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.)

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The Agency waived the requirement for the managed care plan to submit Provider Satisfaction Survey results to the Agency during 2019. The managed care plan must submit their Provider Satisfaction Survey results to the Agency by close of business on 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,

A handwritten signature in blue ink that reads "Rachel La Croix for". The signature is written in a cursive style.

Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/sr

Attachment: LTC Performance Measures Technical Specification Manual