



RON DESANTIS  
GOVERNOR

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SECRETARY

April 17, 2020

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-22

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

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

### Re: Performance Measure Reporting, Recipient Surveys, Provider Satisfaction Survey Reporting

The managed care plan must collect statewide data on enrollee performance measures (PMs), as defined by the Agency and as specified in the SMMC Performance Measure Tables in the applicable Exhibits, the Managed Care Plan Report Guide, and Performance Measures Specifications Manual. The managed care plan must report results of PMs to the Agency as specified in Section XVI., Reporting Requirements, the Managed Care Plan Report Guide, and Performance Measures Specifications Manual. (Attachment II, Section IX.B.2.) The purpose of this policy transmittal is to provide the managed care plan with revised reporting specifications for PMs.

### Performance Measure Reporting

#### Healthcare Effectiveness Data and Information Set (HEDIS) Reporting (MMA only)

The Agency anticipates the COVID-19 pandemic may inhibit the collection of medical records data for HEDIS hybrid measures due to imposed travel bans, quarantines, office closures, and risk to staff. As a result, the Agency will allow the managed care plan to report its audited HEDIS 2019 hybrid rate if it is better than its HEDIS 2020 hybrid rates as a result of low chart retrieval for measures using only the hybrid methodology. No exceptions are being made for administrative rates which should be reported following HEDIS 2020 reporting requirements.

For the managed care plan choosing to report its prior year hybrid rate, the managed care plan must also report its audited HEDIS 2020 hybrid rate and its medical record retrieval rate for the measure using the template attached to this policy transmittal. The submission deadline for this year's HEDIS reporting will remain July 1, 2020.

The Agency will not assess liquidated damages for hybrid performance measures for calendar year (CY) 2019 as follows:

- Adolescent Well-Care Visits
- Adult BMI Assessment
- Cervical Cancer Screening



- Childhood Immunization Status
- Comprehensive Diabetes Care (CDC) - HbA1c Testing
- CDC - HbA1c Control (<8%)
- CDC - Eye Exam
- CDC - Nephropathy
- Controlling Blood Pressure
- Immunizations for Adolescents
- Timeliness of Prenatal Care
- Postpartum Care
- Well-Child Visits in the First 15 Mos. of Life
- Well-Child Visits in the 3rd-6th Years of Life

#### LTC Performance Measure Reporting (LTC only)

There will be no changes to the LTC performance measure reporting. The managed care plan must continue to collect and report the following long-term care measures according to the National Committee for Quality Assurance (NCQA) specifications (as applicable to measures 1-4) and the Centers for Medicare and Medicaid Services (CMS) "Measures for Medicaid Managed Long Term Services and Supports Plans Technical Specifications and Resource Manual" ("CMS Manual"):

- LTSS Comprehensive Assessment and Update;
- LTSS Comprehensive Care Plan and Update;
- LTSS Shared Care Plan with Primary Care Practitioner;
- LTSS Reassessment/Care Plan Update after Inpatient Discharge;
- Screening, Risk Assessment, and Plan of Care to Prevent Future Falls;
- LTSS Admission to an Institution from the Community;
- LTSS Minimizing Institutional Length of Stay; and
- LTSS Successful Transition after Long-Term Institutional Stay.

The CMS manual is available at <https://www.medicaid.gov/media/3396>.

#### Dental Plan Performance Measure Reporting

The Agency is extending the due date for dental measure reporting to October 1, 2020.

#### Well-Child Visit Reporting (MMA only)

There will be no changes to the Well-Child Visit Reporting (previously the Child Health Check-up Report).

## **Recipient Surveys**

### Managed Care Plan Consumer Assessment of Healthcare Providers and Systems (CAHPS) 5.0 Survey Reporting (MMA Plans)

The Agency is providing the managed care plan with two flexibilities related to managed care plan CAHPS survey requirements.

1. Survey vendors may move to a mail-only protocol if they were previously planning on a mixed mode protocol and may:
  - Add a 3<sup>rd</sup> mailing instead of phone;
  - Reduce number of mailings; and
  - Reduce to fewer than three (3) telephone attempts (usually 3-6).
2. If the managed care plan uses the telephone protocol, survey vendors are permitted to add the following Telephone Interviewing Script to the introduction of their telephone script:

*At [PLAN NAME], your health and safety are a priority. Amid the ongoing coronavirus pandemic, [PLAN NAME] continues to be committed to seeking ways to improve the services we provide to our members. For the purpose of this study, please reflect on your experience with the plan in the last 6 months.*

The data submission deadline for submitting CAHPS data will remain July 1, 2020.

### CAHPS Survey Reporting

The Agency is postponing the following survey requirements for this calendar year until further notice:

- Dental Plan CAHPS Survey Reporting; and
- Home and Community-Based Services CAHPS Survey Reporting (LTC Plans).

## **Provider Satisfaction Survey Reporting**

The Agency is postponing the Provider Satisfaction Survey and Submission of Results (All Plans) for this calendar year until further notice.

If you have questions or concerns, please contact your contract manager at (850) 412-4004.

Statewide Medicaid Managed Care (SMMC) Policy Transmittal 2020-22  
Re: Performance Measure Reporting, Recipient Surveys, Provider Satisfaction Survey  
Reporting  
April 17, 2020  
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Sincerely,

A handwritten signature in black ink that reads "Shevaun Harris". The signature is written in a cursive style with a prominent initial "S".

Shevaun Harris  
Assistant Deputy Secretary for  
Medicaid Policy and Quality

SH/dvp  
Attachment