



November 22, 2021

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2021-35

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

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

Re: Health Plan Performance Measures and Enrollee Satisfaction Survey Requirements for July 1, 2022 Reporting

The managed care plan must contract with a qualified, Agency-approved, National Committee for Quality Assurance (NCQA)-certified vendor to conduct annual enrollee satisfaction surveys required under this Contract. (42 CFR 438.66(c)(5)) (Attachment II, Section IX.D.1.d.) The managed care plan must collect and report the performance measures in the Required Performance Measures Table, Table 6, below, 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 and enrollee satisfaction survey requirements for July 1, 2022 reporting.

Modification to Enrollee Satisfaction Survey Requirement (MMA & LTC)

Each year, the managed care plan must report Health Plan Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results, starting with the July 1, 2022 submission, to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Survey Database by the submission deadline. Each year, the managed care plan must report Home and Community Based Services (HCBS) CAHPS survey results, starting with the July 1, 2022 submission, to the AHRQ HCBS CAHPS Survey Database by the submission deadline.

Discontinued MMA Performance Measures

The managed care plan is no longer required to report on the following performance measures beginning with July 1, 2022 reporting, for calendar/measurement year 2021 services.

Healthcare Effectiveness Data and Information Set (HEDIS)	
27	Use of Opioids at High Dosage – (UOD)
Child Core Set	
33	Cesarean Section – (PC-02)

Modified MMA Performance Measures

The managed care plan must report on the following performance measures as modified beginning with July 1, 2022 reporting, for calendar/measurement year 2021 services.



Healthcare Effectiveness Data and Information Set (HEDIS)	
6	Childhood Immunization Status – (CIS) – Combo 3
Child Core Set	
29	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – (WCC)

- For *Childhood Immunization Status*, the NCQA has retired Combo 2, therefore the managed care plan is no longer required to report this rate.
- For *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents*, the managed care plan is now required to report on all three components of the measure: 1) Body mass index (BMI) percentile documentation; 2) Counseling for nutrition; and 3) Counseling for physical activity. This measure is also being moved from the Child Core Set section to the HEDIS section of Table 6, Required Performance Measures in Attachment II, Exhibit II-A, Section IX.B.1.a.

New MMA Performance Measures

The managed care plan is required to report on the following performance measures beginning with July 1, 2022 reporting, for calendar/measurement year 2021 services.

HEDIS
Kidney Health Evaluation for Patients with Diabetes (KED)
Child Core Set
Screening for Depression and Follow-up Plan: Ages 12 to 17 (CDF-CH)
Adult Core Set
Concurrent Use of Opioids and Benzodiazepines (COB-AD)
Screening for Depression and Follow-up Plan: Age 18 and Older (CDF-AD)
Use of Opioids at High Dosage in Persons without Cancer (OHD-AD)

Long-Term Care (LTC) Performance Measures

There are no changes in the LTC performance measures for July 1, 2022 reporting. When a performance measure requires the use of a sample size, the managed care plan must continue to use a sample size of 411 for calendar/measurement year 2021.

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

Sincerely,

Tom Wallace
 Deputy Secretary for Medicaid

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