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May 19, 2014

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 14-02

Applicable to:

- Comprehensive Long-term Care (LTC) Plan
- Managed Medical Assistance Health Maintenance Organization
- Managed Medical Assistance Provider Service Network
- Managed Medical Assistance Specialty Plan

Re: Supplemental HIV/AIDS Report

The purpose of this transmittal is to rescind and replace the previous version of Policy Transmittal 14-02, dated May 6, 2014, regarding a new ad hoc report requirement for reporting plan enrollees who have been diagnosed with HIV or AIDS, or have had a change in status from HIV to AIDS. Using the file naming convention described in Chapter 2 of the Statewide Medicaid Managed Care (SMMC) Managed Care Plan Report Guide, the Managed Medical Assistance (MMA) plan shall submit the Medicaid Supplemental HIV/AIDS Report and report attestation to the Agency SMMC Secure File Transfer Protocol (SFTP) site monthly by the close of business on the Thursday prior to the antepenultimate Saturday of each month. For example, if the penultimate Saturday of May 2014 is the 24th, the report is due May 15, 2014, not May 22, 2014. The file submitted must be a fixed-width text file.

1. The following variables must be included:
 - a. Recipient ID – the member's 10-digit Medicaid ID
 - b. Recipient Date of Birth – the member's date of birth in the format YYYYMMDD
 - c. HIV/AIDS Indicator – indicates whether the member has HIV or AIDS. The values are 1 for HIV and 2 for AIDS.
 - d. Plan ID – the plan's 9-digit provider Medicaid ID
2. The list of recipients submitted by the MMA plan must be cumulative and can only contain those who are currently enrolled in the plan. The plan must continue to submit a cumulative listing each month in order to continue to receive the appropriate HIV/AIDS capitation payment.
3. Capitation rates generated by the submitted reports will be applied to the MMA plan for the following month's enrolled population.

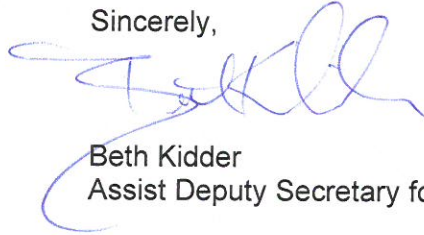


4. The MMA plan does not have to submit a file or attestation if the managed care plan chooses not to submit this supplemental data file.
5. For plan-identified enrollees, documentation of completed lab testing as interpreted by a licensed physician must be included in the enrollee's medical record prior to reporting the enrollee to the Agency as having an HIV or AIDS diagnosis.

This new report requirement will be incorporated into the next version of the Statewide Medicaid Managed Care (SMMC) Managed Care Plan Report Guide, and included in a Contract amendment. When you receive notification that the report has been added to the SMMC Managed Care Plan Report Guide, you may discontinue this ad hoc report submission.

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

Sincerely,



Beth Kidder
Assist Deputy Secretary for Medicaid Operations

BK/sc