May 9, 2017

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 17-12

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
- Children's Medical Services (CMS) Plan

Applicable to enrollees in:
- Managed Medical Assistance (MMA)
- Long-term Care (LTC)

Re: Ad Hoc Request for Encounter Data Validation Study

The managed care plan may be required to provide the Agency or its agents information or data relative to this contract. In such instances, and at the direction of the Agency, the managed care plan must fully cooperate with such requests and furnish all data or information in a timely manner, in the format in which it is requested. The managed care plan must have at least thirty (30) days to fulfill such ad hoc requests, unless the Agency directs the managed care plan to provide data or information in less than 30 days. The managed care plan must verify that data and information it submits to the Agency is accurate. (Attachment II, Section II.D.2.) The managed care plan must provide all information requested by the external quality review organization (EQRO), including but not limited to quality outcomes concerning timeliness of, and enrollee access to, covered services. (Attachment II, Section VII.A.6.a) The managed care plan must cooperate with the EQRO during the external quality review activities, which may include independent medical/case record review. (Attachment II, Section VII.A.6.b) If the EQRO indicates the managed care plan’s performance is not acceptable, the Agency may require the managed care plan to submit a corrective action plan and may restrict the managed care plan’s enrollment activities. (Attachment II, Section VII.A.6.c) The purpose of this policy transmittal is to notify the managed care plan of an ad hoc request for dental encounter data.

The Agency has contracted with the EQRO Health Services Advisory Group, Inc. (HSAG) to conduct an encounter data validation (EDV) study for the state fiscal year (SFY) 2016-2017. The goal of this study is to examine the extent to which managed care plan encounter data is complete and accurate. HSAG will perform an administrative and comparative analysis of plan-
submitted encounter claims that will include a review of clinical records (i.e., dental records) and other available data sources.

The managed care plan must submit a file that includes all dental encounters (i.e., dental, institutional, and professional) for dates of service January 1, 2016 through June 30, 2016. The managed care plan must comply with the requirements detailed in the attached data submission requirements document that HSAG developed for this EDV study. HSAG has scheduled two technical assistance sessions with the managed care plan to explain the EDV study and the data submission requirements document. The managed care plan may choose to attend either session.

The managed care plan must submit the requested encounter data files to HSAG’s secure file transfer protocol (FTP) site no later than thirty (30) days from the date of this policy transmittal. HSAG’s secure FTP site is https://fm.hshapps.com. See page 2 of the attached document for submission guidelines. Attached is also a detailed methodology of the EDV study. After the upload of the files are complete, the managed care plan must notify HSAG via e-mail at lhinton@hsag.com.

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: State Fiscal Year 2016-17 Florida Encounter Data Validation Study Plan Data Submission Requirements
Attachment 2: Methodology